



Zoroastrian Association of California

Membership Form

Please Select Type Membership(s):

Quantity

<input type="checkbox"/> Life	Couple	\$700
<input type="checkbox"/> Family	Couple & Children under 18	\$60
<input type="checkbox"/> Individual	Adult	\$35
<input type="checkbox"/> Senior	Over 65 Years of Age	\$20
<input type="checkbox"/> Senior	Full time Student	\$15

Please Circle Payment Method:

Change of Status? Yes/NO



(If using credit card, please fill out and enclose the "Credit Card Authorization Form")

(If paying by check, please make check payable to: "Zoroastrian Association of California")

Members:

(Please Fill Out Completely and Print Clearly)

Title: _____ First: _____ MI: _____ Last: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ - _____ DOB: ____/____/____ Type: Life – Family – Individual – Senior
 Email: _____ News Letter Delivery: Mail / E-mail Print in Directory: Yes / No

Title: _____ First: _____ MI: _____ Last: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ - _____ DOB: ____/____/____ Type: Life – Family – Individual – Senior
 Email: _____ News Letter Delivery: Mail / E-mail Print in Directory: Yes / No

Title: _____ First: _____ MI: _____ Last: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ - _____ DOB: ____/____/____ Type: Life – Family – Individual – Senior
 Email: _____ News Letter Delivery: Mail / E-mail Print in Directory: Yes / No

Title: _____ First: _____ MI: _____ Last: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (____) _____ - _____ DOB: ____/____/____ Type: Life – Family – Individual – Senior
 Email: _____ News Letter Delivery: Mail / E-mail Print in Directory: Yes / No

(If additional space is needed, please use another form)

Please mail this form along with all of the appropriate documents to:

Zoroastrian Association of California
 c/o Sheila Madon
 18721-145 Caminito Pasadero
 San Diego, CA 92128