



Zoroastrian Association of California

MEMBERSHIP FORM January to December 2012

Please Select Type Membership(s):

		<i>Quantity</i>	
()	() Life	Husband/wife & children under 18	\$1000
()	() Family	Husband/wife & children under 18	\$75
()	() Individual	Adult (over 18)	\$40
()	() Senior	Over 65 Years of Age	\$30
()	() Student	Full time Student	\$25

Make check payable to “Zoroastrian Association of California” and mail to address below, or complete this form online and pay with credit card at www.zacla.org

TITLE ___ FIRST _____ LAST _____

ADDRESS _____ CITY _____ STATE ___ ZIP _____

PHONE () _____ - _____ DOB ____/____/____ EMAIL _____

MEMBERSHIP TYPE: ___ life ___ family ___ individual ___ senior

TITLE ___ FIRST _____ LAST _____

ADDRESS _____ CITY _____ STATE ___ ZIP _____

PHONE () _____ - _____ DOB ____/____/____ EMAIL _____

MEMBERSHIP TYPE: ___ life ___ family ___ individual ___ senior

TITLE ___ FIRST _____ LAST _____

ADDRESS _____ CITY _____ STATE ___ ZIP _____

PHONE () _____ - _____ DOB ____/____/____ EMAIL _____

MEMBERSHIP TYPE: ___ life ___ family ___ individual ___ senior

TITLE ___ FIRST _____ LAST _____

ADDRESS _____ CITY _____ STATE ___ ZIP _____

PHONE () _____ - _____ DOB ____/____/____ EMAIL _____

MEMBERSHIP TYPE: ___ life ___ family ___ individual ___ senior

Please mail this form along with your check to:

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