



### Membership Form

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address: \_\_\_\_\_

Address1: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Kids: \_\_\_\_\_ Ages \_\_\_\_\_

### Membership Type

Life  Prime

### Volunteer Request

Yes. I'd like to be a volunteer for VAARADHI Community in my neighbourhood.

Yes. I'd like to be a VAARADHI Volunteer helping different communities and work with VAARADHI Executive committee.

No. I'll think about volunteering at a later time.

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### VAARADHI - Internal Use:

Membership# \_\_\_\_\_ VAARADHI Community \_\_\_\_\_ Paid Date \_\_\_\_\_ By \_\_\_\_\_