

Hindu Temple of Arizona

3019 N. Hayden Road Scottsdale, AZ 85251

Active Membership Application

First Name: _____ Last Name: _____

Spouse First Name: _____ Spouse Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Contact Email _____

Member Type: ☐ Single ☐ Family ☐ Corporate

Membership Category (please circle one)

LIFE MEMBER donates \$1000 to \$2,000.

FOUNDER MEMBER donates \$ 2,001 to \$5,000.

PATRON MEMBER donates \$ 5,001 to \$15,000.

GRAND PATRON MEMBER donates \$15,001 to \$30,000.

BENEFACTOR MEMBER donates \$30,001 to \$50,000.

GRAND BENEFACTOR MEMBER DONATES &50,001 ONWARDS.

By signing below, I certify that I intend to **participate in** HTAHTA. I will do my best to attend the Annual Members' Meeting, Special meetings, and the election of Board members.

Validity time from the signed date (please circle one)

For one Year _____, two Years _____. For Five Years _____

The application shall be sent to the Secretary of the HTA. An active member may modify this selection by sending the modified application to the HTA Secretary.

Signature _____

Self

Spouse

Date: _____