

## SAURASHTRA PATEL CULTURAL SAMAJ

## Membership / Change of Family Information Form

## PLEASE CHECK THE APPROPRIATE BOX:

I want to join SPCS as a Life M (Fee will increase to \$500, eff		•	USD encl	osed.	
•	e make the check payable to: <b>SPCS</b> ne form and check to: Piyush Ghelani 920 Saint Mark Drive Murphy, TX 75094		FOR SPCS USE ONLY Date Received: Check No. LM No.		
Name:					
Address in USA:					
Home Phone: E-mail Address*:					
(* - Office Phone and e-mail address will not	be printed in th	ne Directory)			
MY FAMILY DATA	Member		Spouse		
Last Name (As officially used)				Броизе	
Original Surname (Only if last nan For wife – please indicate maiden surna					
First Name Middle Name					
Occupation					
Father's Name (First, Middle,	Last)				
Hometown and District in Ind	ia				
CHILDREN		1			
First & Middle Names	La	Last Name		Birth Male/ Year Female	

Member Signature (required): \_\_\_\_\_\_ Date: \_\_\_\_\_