INDIA CULTURAL ASSOCIATION OF THE BAY AREA

[A Non-Profit organization, Established 1974, Fed. Tax ID No: 770034554]

http://icabayarea.com

MEMBERSHIP APPLICATION FORM – Year 2018

[Annual Membership expires on December 31st of the year.]

Select: ☐ **New Member** ☐ **Renewal** ☐ **Update Info** **Member ID:** _____

Voting and Election rights are available (only if the signatures are on file) to PRIMARY MEMBER AND SPOUSE only.

Family membership is limited to self, spouse and **dependent children** (18 to 24 years old with student ID) and **dependent parents** currently living with primary members. Dependency rule applies as per IRS. **Senior Couple** cannot have additional members.

Primary Contact Information - Fill out following fields completely in UPPER case				
Address:				
City:		**Zip:**	**Phone:**	
Email:				
List of Family Members to be included in the membership				
First Name & Last Name	**Relation**	**Age**	**Email**	**$Due**
Primary Members: Age: 18-64 ~ Due: $35 for Self, $20 for Spouse				
	Self			$
	Spouse			$
Senior Primary Members: Age: 65+ ~ Due: $25 for Self, $10 for Spouse				
	Self			$
	Spouse			
Dependent Parents & Unmarried Children (Age: 6 to 24) ~ Due: $5/dependent				
				$
				$
			Lifetime Member (New $1000) Check Here: ☐	
			Total Membership Due:	

I/We while participating in any ICA sponsored event, or any member of my family, or guests that participate with my accompaniment release ICA and their executive committee, officers, and trustees from any and all liability for injury and/or damage to any person or property. I/We also give my authority and permission to ICA for taking any and all actions, which it deems necessary in the event of injury and/or damage to persons or property in my accompaniment. I have read fully and understood the terms of this liability release.

I/We also understand that once annual fees are paid for renewals family members, my guests, and I shall be binding to above rule and other rules and regulations of the by-laws whether or not the form is completed every year. I/We do/don't want to be on the advertiser's list.

Signature **Signature**

Primary Member: _____ **Spouse:** _____ **Date:** _____

MAKE CHECK PAYABLE TO: **I.C.A.**

Mail: **VP of Membership, Hema Panchal, 47601 Wabana Common, Fremont, CA 94539**

Phone 510-438-9093 * Email: hnpanchal@yahoo.com

ICA Use Only	$:
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