



# 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 2024

[Annual Membership expires on December 31<sup>st</sup> 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 <u>UPPER</u> 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: \$25 for Self, \$20 for Spouse				
	Self			\$
	Spouse			\$
Senior Primary Members: Age: 65+ ~ Due: \$20 for Self, \$10 for Spouse				
	Self			\$
	Spouse			
Dependent Parents & Unmarried Children (Age: 6 to 24) ~ Due: \$5/dependent				
				\$
				\$
New Lifetime Member (\$1000)				
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

Primary Member:

Signature

Spouse:

Date:

MAKE CHECK PAYABLE TO: I.C.A.

Mail: **VP of Membership, Sumiben Patel, 3470 Oak Hill Ct, Morgan Hill, CA 95037**

Phone 408-778-1105 \* Email: [sumimp@aol.com](mailto:sumimp@aol.com)

ICA Use Only	\$:
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