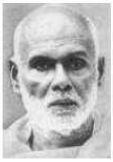

SREE NARAYANA ASSOCIATION OF PHILADELPHIA, INC.
P.O. BOX # 2326, UPPER DARBY, PA 19082
Email: SNAPhiladelphia@gmail.com
APPLICATION FOR MEMBERSHIP

Name: First_____Last_____

Address_____ City_____ Male____ Female___

State_____ Zip Code_____

Tel. No.: Home (_____) - _____ - _____ Cell (_____) - _____ - _____

Email Address: _____

FAMILY INFORMATION

Spouse Name: _____ Male___ Female___

Children Name(s):

1. _____ Male____ Female____
2. _____ Male____ Female____
3. _____ Male____ Female____
4. _____ Male____ Female____

I, _____ state that I am above 18 years old and I do believe in Sree Narayana Philosophy and his teachings. I shall abide the rules and regulations of Sree Narayana Association of Philadelphia, Inc.

Date:_____ Signature:_____

MEMBERSHIP FEES: Family $5.00 (five)/month or Single $3.00 (three)/month

INITIATION FEE: $5.00 (five only)
I hereby enclose cash/check for $_____ toward my above membership

Please update information if needed