



669 South Peachtree Street • Norcross, Georgia 30071- 2438 • 770-807-6187
www.jsgateple.org

DATE OF APPLICATION: ___/___/_____

<input type="checkbox"/>	MEMBERSHIP APPLICATION	<input type="checkbox"/>	FOR RECORD UPDATE ONLY.
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<input type="checkbox"/>	Life Membership	\$ 501.00	<input type="checkbox"/>	Life Membership
<input type="checkbox"/>	Annual Membership for calendar year	\$ 101.00	<input type="checkbox"/>	Family Annual Membership for calendar year
<input type="checkbox"/>	Singles' Membership for calendar year	\$ 51.00	<input type="checkbox"/>	Singles' Annual Membership for calendar year

MEMBERS DETAILS / PERSONAL INFORMATION

Last Name:		Middle Name or Initial.	
First Name:		DOB:	Profession:
Spouse Name:		DOB:	Profession:

Address:			
City:	State:	Zip:	
Ph.(Home)	Ph.(Work)	Your Cell Phone #	
Spouse's Cell Phone #	Additional Cell Phone #		
Email	Additional Email		

CHILDREN: (Only Unmarried children and under the age of 21 years who are living with parents qualify otherwise apply separately)

Name:	Age:	D.O.B:	Education:
Name:	Age:	D.O.B:	Education:
Name:	Age:	D.O.B:	Education:
Name:	Age:	D.O.B:	Education:

DEPENDANT PARENTS: (Only if living with applicant otherwise apply separately)

Name:	D.O.B:
Name:	D.O.B:

*Note: Please remit with this application your appropriate membership fee and any charitable donation. Membership fee is not a charitable donation DO NOT PAY CASH Always pay by check & mark your membership number and current address. Kindly make your checks payable to **Jain Society of Greater Atlanta** and you may mail to the above address. No application fees or other charges will be levied for record update if you are an existing member.*

NEW APPLICANT SIGNATURE

UPDATING RECORDS MEMBER'S SIGNATURE

EXECUTIVE COMMITTEE APPROVAL

DATE OF APPROVAL

CHECK #, DATED & AMOUNT IF APPROVED MEMBERSHIP # ISSUED.
I understand that only once approved by the current JSGA – EC, will anyone be allegeable to become a member of JSGA. This Membership is not transferable.