

Member's Signature (required):

SAURASHTRA PATEL CULTURAL SAMAJ

Membership / Change of Family / Address Form

Now you can fillout form, pay and update information online. Please visit our new and improved website www.spcsusa.org

	Email:spcsnec@gmail.c	com			
PLEASE CHECK THE APPROPRIATE BOX: Add my name and family information in Make revisions, as noted, in the SPCS day My SPCS Life Member No.: LM I want to join SPCS as a Life Member. Mo Please make the check payable to: Mail the form and check to:	tabase and next Directory. embership fee \$250 enclosed. SPCS Bhanu K. Chaklashiya 14726 Ramona Ave,	Date Red Check N OR PayPal T Life Men	FOR SPCS USE ONLY Date Received: Check No: OR PayPal Trans. No: Life Member No. User Name: Password:		
MV CONTACT INCODMATION (Dlogge vivi	4 th Floor, Suite#E8, Chino, CA 91710	Passwoi			
MY CONTACT INFORMATION (Please wri	<u> </u>	<u> </u>			
Name :Address In USA :					
Home Phone :	Cell Pho	one :			
E-mail address: (Member)					
E-mail address: (Spouse)					
E-mail address: (Children)					
MY FAMILY DATA					
Ī	Member Sp		oouse(Info before marriage)		
Last Name					
First Name					
Middle Name					
Birth Month & Year					
Father's Name					
Hometown in India					
CHILDREN First & Middle Names	Last Name	Birth Yea	r Male / Female	Married / Single	
 "Please use additional paper to add more infor Life Membership covers spouse, unmarried Separate membership is required for all Please allow 30 days to receive your new Lif SPCS cannot control the sharing of the information Once you fill out this form, please make copy 	children and parents who are livin married persons of the family. fe Member number and "Welcome mation in the Directory.	to SPCS Family" package	by regular mail		

Today's Date: _