



Sacramento Zoroastrian Association

Membership Form

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	year
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Personal Information

Last name	First name	Field of Occupation (optional)

Other Family Members:

1	
2	
3	
4	
5	

Contact Info:

Street(optional):		
City:	State:	Zip code:
Phone:		
Email 1:		
Email 2:		

Become a member by paying annual membership due:

☐ Individual \$100 ☐ Family \$200 ☐ Senior \$50 ☐ Family Senior \$100 ☐ Student \$50

Or pay for a Lifetime membership:

☐ Lifetime \$2000

Or pledge to donate \$60 or more for the family or individual membership:

☐ I pledge to donate \$_____ Per Month for the period of 12 months.

SZA is authorized to publish my name and the donation amount. ☐ Yes ☐ No

Signature:

Signature _____ Date _____

Approval:

☐ Approved ☐ Denied Note: _____ Received amount: \$ _____

By: _____ Date: _____ Check# _____

Please make your check payable to **Sacramento Zoroastrian Association**
send with this form to: Sacramento Zoroastrian Association
10528 Armstrong Avenue. Mather, CA 95655

Other ways to donate:

Direct deposit to SZA Wells Fargo Bank Account#: 3394941037
Online through SZA paypal account: www.sacza.org/donation/