



SHRADHAA FOUNDATION

904 Oak Tree Avenue, Ste B, South Plainfield, NJ 07080

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Name:	
Address:	
Postcode:	
Main Contact Number:	
Mobile Number:	
Email address:	
Membership Type (circle one)	Premier(\$100/yr), 5 Year(\$300+\$25/yr), 10 Year (\$500+\$25/yr), Corporate (\$250/yr)
Additional Information:	<p>Please disclose any involvement and commitment you have/hold with any other local organizations or groups</p>

** Information supplied will only be visible to CCA members and key project partners **

AGREEMENT and SIGNATURE

I Confirm and Understand that :

- a) All information supplied is true and correct
- b) If any of the supplied information is False or Misleading, or if I do anything that is deemed to be not in the best interests of the Shradhaa Foundation. that my membership can be terminated
- c) By signing this document, that I agree to abide by the bylaws of Shradhaa Foundation

SIGNATURE:	
DATE:	

**** THANK YOU FOR COMPLETING THIS APPLICATION FORM AND YOUR INTEREST IN BECOMING A MEMBER OF CCWG ****

Shradhaa Foundation's Administration use only:	
MEMBERSHIP NUMBER:	
Start Date:	
End Date:	