



**APPLICATION FOR MEMBERSHIP**

**2017 - 2018**

**Deshantari of Ottawa Carleton in Trust**

A non-profit Organization

<http://deshantari.org>

**DATE OF APPLICATION** \_\_\_\_/\_\_\_\_/\_\_\_\_

ENTER THE FOLLOWING INFORMATION COMPLETELY AND LEGIBLY. PLEASE SPECIFY NAME OF YOUR SPOUSE & CHILDREN (IF ANY). SIGN FOR YOURSELF ONLY.

Full Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Other Name/s: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #( \_\_\_\_\_ )-

E-Mail \_\_\_\_\_

New Member: \_\_\_\_\_ OR Existing Member: \_\_\_\_\_

**AMOUNT ENCLOSED:** \$ \_\_\_\_\_

*If you are interested to volunteer, Please indicate your interested areas:.....*

*.....One of us will contact you during the time of the events.*

**Membership 2017-2018:**

**Family : 75\$ / year**

**Single: 50\$ / year**

**Student: 25\$ / year**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail cheque payable to "Deshantari of Ottawa Carleton in Trust" along with this membership form to PO Box 55133, Sparks Street, Ottawa, ON K1P 1A1