

rajasthan

association of Georgia

LIFE MEMBERSHIP: \$150 BIENNIAL (FAMILY): \$40 BIENNIAL (SINGLE): \$20

LAST NAME: _____ FIRST NAME: _____
 SPOUSE FIRST NAME: _____ SPOUSE LAST NAME: _____
 E-MAIL ADDRESS: _____ PHONE NO.: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 MEMBER OCCUPATION: _____ SKILLS/INTERESTS: _____
 SPOUSE OCCUPATION: _____ SKILLS/INTERESTS: _____

INFORMATION OF CHILDREN UNDER 18 YEARS OF AGE: (PLEASE ATTACH SEPARATE SHEET IF NEEDED):

S. NO.	NAME	AGE	GENDER	SKILLS/INTERESTS
1			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
2			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
3			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

PAYMENT TYPE: PERSONAL CHECK MASTER CARD VISA
 CARD NUMBER _____ EXPIRATION DATE ___/___/___

BILLING ADDRESS (IF DIFFERENT FROM THE ADDRESS GIVEN ABOVE):
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

1. I agree that the above filled data is correct and most recent.
2. By signing below, I agree to abide by Rajasthan Association of Georgia constitution and by-laws and will strive to promote Rajasthan culture and heritage.

Signature: _____

Date: _____

**Rajasthan Association of
Georgia (RAJA)
(404) 806-1429**

