



# Hindu Temple and Cultural Society of USA, Inc. (HTCS)

(A Non-Profit, Tax-Exempt Organization)

## Sri Venkateswara Temple (Balaji Mandir) and Community Center

1 Balaji Temple Drive • Bridgewater, NJ 08807 • Telephone 908.725.4477

<http://www.venkateswara.org>

All membership-related enquiries must be directed to:

**membership**  
**@venkateswara.org**

### MEMBERSHIP APPLICATION FORM

Please familiarize yourself with the membership rules before completing this form. The application form must be completed in full and signed. **In case of a joint application, spouse's information must be provided.** Fields marked by an \* are required. E-mail addresses collected will be used for HTCS correspondence and for notification of Temple events. Please consult your tax attorney/accountant to determine whether membership dues are tax-deductible.

#### APPLICANT INFORMATION

Print Name: Last *	First *	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Gender *	Legal Resident of USA *
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's Name: Last *	First *	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Gender *	Legal Resident of USA *
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (Street Name and Number) *		Apt. #	Telephone (Home)		Telephone (Work/Mobile) *
City *	State *	Zip Code *	E-mail Address *		

#### MEMBERSHIP CATEGORIES AND DUES

Are you an existing member? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Dues Paid So Far \$ _____	<ul style="list-style-type: none"> <li>A person or couple is limited to one membership at a time.</li> <li>Associate membership is the only category of membership available to corporations, LLCs, trusts, professional associations and other organizations.</li> <li>Associate membership has no voting privileges and cannot be upgraded to another membership category.</li> <li>Membership dues paid partially or in full must accompany each membership application.</li> <li>General donations cannot be transferred towards membership dues, unless specified in writing at the time of payment.</li> <li>Membership dues must be paid in full within the specified installment period.</li> <li>Payment of membership dues for family members is allowed. Family includes spouse, children, grandchildren, sons-in-law, daughters-in-law and siblings. No other third party payments will be accepted.</li> </ul>			
If "Yes", what is your current membership category? <input type="checkbox"/> Grand Patron <input type="checkbox"/> Patron <input type="checkbox"/> Life Member					
PLEASE SELECT MEMBERSHIP TYPE BELOW					
Membership Category	Minimum Dues	Payable In	New Membership	Upgrade	No. of Installments
<b>Benefactor</b>	<b>\$ 50,000</b>	5 years	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Grand Patron</b>	<b>\$ 10,000</b>	3 years	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Patron</b>	<b>\$ 5,000</b>	2 years	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Life Member</b>	<b>\$ 1,000</b>	2 years	<input type="checkbox"/>		
<b>Associate Member</b>	<b>\$ 1,000</b>	1 year	<input type="checkbox"/>		

#### PAYMENT INFORMATION

Total Payment Due * \$ _____	Payment Method * <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	If the payer is other than the applicant	Payer's Name: Last *	First *	Relationship to Applicant *
Payment Included * \$ _____			Address *		Telephone *

Please make check payable to:  
**Hindu Temple and Cultural Society of USA, Inc.**

Cash payments in excess of \$10,000 will not be accepted.

A new applicant becomes a member only after approval by the Board of Trustees. If the application is not accepted, all dues collected will be returned.

#### ACKNOWLEDGEMENT AND CERTIFICATION

By signing this Membership Form, I/we acknowledge that I/we am/are 18 years of age or older, am/are the legal resident(s) of the USA, and have been advised of the rules governing membership to the HTCS. I/we certify that the information provided herein is true to the best of my/our knowledge and belief. I/we affirm my/our firm belief in the Hindu religion, its culture and traditions and pledge to support the mission and the activities of the HTCS. I/we further agree to comply with all applicable rules, terms and provisions of the HTCS as they currently exist or as enacted in the future by the governing body of the HTCS.

Applicant's Signature \*

Spouse's Signature \*

Date \*

#### FOR HTCS USE - Do not write below this line

<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC	Amount Received \$ _____	Receipt No.	MEMBERSHIP APPROVAL	
Notes:			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
			Signature - Membership Committee	Signature - Treasurer