

(Please print this page and fill it by hand and then mail it to the address below)

### New Membership Application Process

Candidates for membership should be at least 18 years of age. The application must be completed, signed, dated, accompanied by a check for the annual membership due of \$10.00 per individual within a household. Make check payable to: **Probashi Bengali Christian Association**

Mailing Address:

**Probashi Bengali Christian Association**  
**P.O. Box - 1568**  
**New York, NY 10159-1568**

### General Information

#### Head of Household

First Name	Last Name	Nick Name
Date of Birth	Male / Female	

#### Address Information

Address ( Street e.g. 123-34 Junction Blvd)		
City	State	Zip Code

#### Tel/Emails

Home Tel:	Work Tel:	Cell No#
Email1	Email2	Email3

#### Family Information ( Wife, Children, brother, sister, parents)

Name	Relation	Date of Birth	Email / Cell

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date