



APPLICATION FOR MEMBERSHIP

2017 - 2018

DESHANTARI OF OTTAWA-CARLETON INC.

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 Inc. Trust" along with the membership form to:

[Suman Roy, 549 Osmond Daley Drive, Carp ON K0A 1L0](#)