



Shirdi Saibaba Mandir

HARRISBURG SAI SEVA SAMITHI

[A 501(C)(3) CERTIFIED NON PROFIT ORGANIZATION] TAX ID - 47-2266572

OM SAI RAM

HSSS MEMBERSHIP FORM

Kindly complete this form by checking the appropriate box to indicate the type of membership desired. These are indicated herein:

Membership Type	Amount
<input type="checkbox"/> Annual Membership	\$ 100
<input type="checkbox"/> Life Membership	\$ 1000
<input type="checkbox"/> Annual Membership (Senior)	\$ 50
<input type="checkbox"/> Life Membership (Senior)	\$ 500

(Please print information)

Last Name: _____ Gothram: _____
First Name: _____ Birth Star: _____
Spouse's Name: _____ Birth Star: _____
Child Name: _____ Birth Star: _____
Child Name: _____ Birth Star: _____
Phone: _____ Email id: _____
Address: _____
City _____ State: _____ Zip: _____
Signature (Required): _____ Date: _____

Payment Type: Check Card Check **For HSSS Use**

Check Number: _____ Date: _____

Received by: _____ (Name) _____ (Sign)

Please make check payable to "HSSS" and mail it to following address:

HSSS, 599 Range End Rd, Dillsburg, PA 17019

☎ 717-502-7269