



Pakistan-American Society of South Jersey

<http://PakAmerican.Org>

2017 Membership Application Form

Full Name: _____ Profession: _____

Spouse's Name: _____ Profession: _____

Children/Dependents (Name / Month & Year of Birth – required for determining voting eligibility)

1: _____

2: _____

3: _____

4: _____

Address: _____

Telephone No: _____ Cell Phone No: _____

Email address: _____

Email address (Spouse): _____

Affiliation/Association with Pakistan: By Birth, Immediate Relative, Friend

Select Payment Type: Membership Fee (\$40) Additional Donation _____

Select Payment Method: PayPal/Credit Card Cash Check # _____

Total Amount Paid: _____ Date Paid: _____

By submitting this form, I agree to abide by the constitution and by-laws of the Pakistan-American Society of South Jersey.

Signature: _____ Date _____

After completing this form, to pay your membership fee via Paypal/Credit Card, please visit or click on the following links. You may also pay online via visiting <http://PakAmerican.Org>

2017 Membership Fee (\$40): <http://tinyurl.com/PayPassj40>

You may also mail the check to the following address or contact PASSJ to pay via cash.
PASSJ, P O Box 644, Voorhees, NJ 08043

For Office Use Only	
Funds Received: Amount _____	<input type="checkbox"/> PayPal <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
By: _____, Date: _____	Remarks: _____