



Pakistan-American Society of South Jersey

PakAmerican.Org

2018 Membership Application Form

Full Name: _____ Name Spouse: _____

Profession: _____ Profession Spouse: _____

Cell Phone No: _____ Spouse Cell Phone No: _____

Email address: _____ Email Spouse: _____

Address: _____

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

1: _____

2: _____

3: _____

4: _____

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 _____

Please fax completed form to 1-856-210-0355, email copy to PakAmerican.org@gmail.com or mail to the address below. Please pay the membership fee by Check, Credit Card or PayPal, using the preferred online method via the following link.

Tinyurl.com/PayPassj40

You may also mail the check to the following address or contact PASSJ to pay via cash.
PASSJ, 1228 Maple Avenue, 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: _____