



**SHIVA MANDIR**

P.O. Box 491032  
Ft. Lauderdale, FL 33349-1032  
Phone: (954)-735-3560  
Email Address: [www.fhosm.com](http://www.fhosm.com)

**FINANCIAL MEMBERSHIP APPLICATION FORM**

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

ARE YOU WILLING TO SERVE ON COMMITTEES? Yes  No

**FINANCIAL MEMBERSHIP FEE: \$25.00 per Person**

I hereby apply for financial membership to the **FLORIDA HINDU ORGANIZATION, INC.** and pledge that I am of good character and will abide by the Articles of Incorporation, the **BY-LAWS** and **RULES** of the organization. I am aware that this is a religious, cultural and non-profit organization and I join it on my own free will. I further pledge that at all times I will work for the upliftment of this organization. I shall endeavor to do my best for the propagation of Hinduism.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ in the State of Florida

\_\_\_\_\_  
Signature

**A NON- PROFIT ORGANIZATION**

**Please mail completed application with payment to the above P.O. Box address or hand deliver to an executive member.**