



***Sikh Cultural & Educational Society of WNY***  
*6569 Main Street, Williamsville, NY 14221: Tel: (716) 632-3849*  
*Mailing Address: PO Box 1041, Williamsville, NY 14231*

**MEMBERSHIP FORM**

Your Name: .....

Address: .....

Phone: ..... Email: .....

Spouse's Name: .....

Children (If applicable):

Sr. No.	Name	Date of Birth	Sex
1.			M/F
2.			M/F
3.			M/F
4.			M/F

Please enroll me/my family:

Sr. No.	Membership Category	Membership Dues
1.	Life	\$500.00
2.	Family	\$21.00
3.	Individual	\$11.00
4.	Associate (Non Voting)	\$2.00

I/my family hereby pledge to abide by the constitution/rules and regulations of the Sikh Cultural and Educational Society of WNY.

I enclose a check/cash of the amount of \$.....

Signature: .....

Date: .....

**(Please do not write below this line)**

Acceptance Date: .....

Membership No.: .....

Dues Paid: .....

Approved By: .....