



The Gold Coast Hindu Cultural Association Inc.

Incorporation Number: IA 40338

Founder Membership Application Form

I, _____, hereby apply for the Gold Coast Hindu Cultural Association (GCHCA) Founder Membership and agree to be governed by the GCHCA constitution, Bylaws and Code of Ethics. I would like to help the Association through the following activities:

Fine Arts	<input type="checkbox"/>	Cultural	<input type="checkbox"/>	Education	<input type="checkbox"/>
Social	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>

X _____
 Signature of Applicant _____ Date _____

Title: _____	First Name: _____	Last Name: _____
Occupation and Position held: _____		
Educational Qualifications (for Responsible Person): _____		
Male/ Female: _____	Date of birth: ___/___/___	
Postal Address: _____ _____		
Home Phone: _____	Office Phone: _____	
Mobile Phone: _____	Email: _____	
Spouse's Full Name (if applicable): _____		
Is your Spouse also a Founder Member? Yes/ No _____		
Membership Fee: \$ 1.00	Donation: \$ 10,000.00	Total: \$ 10,001.00
<input type="checkbox"/> cheque	<input type="checkbox"/> money order	<input type="checkbox"/> direct credit to the bank account

I, _____, hereby pledge to donate at least \$10,000.00 (ten thousand dollars)/ \$5,000 (five thousand dollars as a **spouse** of a Founder Member)* to the Association/ one of the GCHCA Trust funds within 12 months of incorporation of the Association plus \$1.00 (one dollar) for the membership to the Association to be admitted as a Founder Member.
 Signature: X _____ Date: _____

* If spouse also joins as Founder Member total of \$15,000.00 shall be paid

I, _____, am a Founder Member of the GCHCA and propose the above applicant, who is personally known to me for ___years, as a suitable person for membership of the Association. Signature: _____ Date: _____
I, _____, am a Founder Member of the GCHCA and second the above applicant, who is personally known to me for ___years, as a suitable person for membership of the Association. Signature: _____ Date: _____

<u>Office Use Only</u>			
President: _____	Approved Date: _____	Receipt No.: _____	Membership No.: <input type="text"/>