



ZOROASTRIAN ASSOCIATION OF HOUSTON

ZHCC ACCESS FOB AGREEMENT FORM

I, the undersigned, being a member of the Zoroastrian Association of Houston in good standing, hereby agree to the following terms, in exchange for which I will be issued a unique access fob, for entry to the Zarathushti Heritage and Cultural Center (ZHCC).

1. I understand that my key fob is unique, and that its use will be recorded by ZAH as evidence of my entry into the building.
2. The purchase cost of my first fob is \$10, payable to ZAH.
3. Should I need a replacement, or an additional fob, I agree to purchase it at a cost of \$25.
4. I agree to be solely responsible for my fob, and shall not loan it to anyone else to use.
5. I agree to be responsible for any persons I admit to the ZHCC.
6. If my fob is lost or stolen, I agree to inform the ZAH Secretary as soon as possible so that the fob may be disabled without delay.
7. If I am the last person exiting the ZHCC, I will ensure that all doors and windows are locked, and I shall arm the alarm system before exiting the building.
 - a. If I am unable to arm the system for any reason, I shall immediately contact a member of ZAH’s Security System Team to request remote arming of the alarm system.
8. I understand that the access fob is only for ZAH members and should I choose to not renew my annual ZAH membership, it will be deactivated.
 - a. If I renew my ZAH membership after letting it lapse, I understand that I will have to pay ZAH a fee of \$10 for reactivating my deactivated fob or I may purchase a new fob for \$25.
9. I understand that if I repeatedly misuse the ZHCC, the ZAH Executive Committee (EC) may disable my access fob, limiting my access to the ZHCC.
 - a. Reinstatement of the fob would be at the sole discretion of the ZAH EC, and may require an additional fee or deposit as appropriate.

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|-----------------------|------------------|------|
| Member Name (printed) | Member Signature | Date |
| Last, First | | |

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FOR ZAH USE ONLY

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|----------------------|--------------------|-------------|---------------------|
| Fob Number Allocated | Received by | Received on | ZAH Issuer Initials |
| | (Member Signature) | (Date) | |

Amount Collected: \$_____

Please return this form to the ZAH Secretary