MEMBERSHIP FORM

NAME: __________________________________________________________________________

ADDRESS: ________________________________________________________________________

CITY: ___________________________  STATE ______  ZIP: ________________________________

TEL (h): _________________________    TEL (other): _________________________________

E.Mail: __________________________

CATEGORY OF MEMBERS (PLEASE TICK ONLY ONE MEMBERSHIP CATEGORY)

- PATRON MEMBER – FAMILY ………………………………….. $500.00
- PATRON MEMBER – SINGLE ………………………………….. $250.00
- PATRON MEMBER – FAMILY SENIOR ……………………… $250.00
- PATRON MEMBER – SINGLE SENIOR ……………………… $125.00
- FAMILY MEMBER …………………………………………….. $275.00
- FAMILY ASSOCIATE MEMBER ……………………………… $275.00
- SINGLE MEMBER HEAD OF HOUSEHOLD ………………….. $150.00
- SINGLE MEMBER …………………………………………….. $135.00
- FAMILY SENIOR MEMBER …………………………………. $  65.00
- SINGLE SENIOR MEMBER …………………………………. $  40.00
- STUDENT MEMBER …………………………………………… $  25.00

Additional Surcharges

- MANASHNI SURCHARGE - FOR PRINTED/MAILED COPIES ………………… $  15.00
- SURCHARGE (ONLY IF PAYING BY VISA/MASTERCARD) ………………… $  10.00

DONATION $_____

TOTAL AMOUNT DUE: $_____

FAMILY MEMBER: PARENTS AND THEIR CHILDREN UNDER THE AGE OF 18
FAMILY SENIOR MEMBER: WHERE ONE SPOUSE IS OVER THE AGE OF 65
SINGLE SENIOR MEMBER: AN INDIVIDUAL OVER THE AGE OF 65
SINGLE MEMBER: AN UNMARRIED INDIVIDUAL OVER THE AGE OF 18
SINGLE MEMBER HEAD OF HOUSEHOLD: SINGLE PARENT WITH CHILDREN UNDER 18

MEMBERSHIP YEAR: CALENDAR YEAR – JANUARY TO DECEMBER

PLEASE SELECT THE CATEGORY APPLICABLE TO YOU AND MAIL THIS FORM WITH YOUR PAYMENT TO:

ZAH Treasurer,
8787 W. Airport Blvd.
Houston, TX  77071

We also accept VISA and MasterCard credit cards; however kindly note that a $10 surcharge will be levied on all credit card charges (donations exempted) to cover our additional processing costs.
Credit Card Form

Only complete if paying by credit card

Name: ______________________________________
(as it appears on card)

Card:  
(please circle only one)

Card Number:  ________________________________________

Expiry Date: ___________________________________________
(mm/yyyy)

Signature: ____________________________________________
DIRECTORY INFORMATION – Please complete the following if you wish your name to be included in our next directory:

LAST NAME: __________________________________________________________________

FIRST NAME: __________________________________________________________________

NAME OF SPOUSE: ___________________________ S/O or D/O: ___________________________

CHILDREN:
1. __________________________________________
2. __________________________________________
3. __________________________________________

DEPENDENTS: 1. _____________________________ 2. _____________________________

TEL: (H)___________________ TEL: (W) _______________ CELL: _______________________

SPOUSE TEL (W): _______________________ SPOUSE CELL: _________________________

E-MAIL: _____________________________ SPOUSE E-MAIL: _________________________

PROFESSION: ______________________ SPOUSE PROFESSION: ______________________