



**ZOROASTRIAN ASSOCIATION OF HOUSTON**

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	<input type="checkbox"/>
PATRON MEMBER – SINGLE .....	\$250.00	<input type="checkbox"/>
PATRON MEMBER – FAMILY SENIOR .....	\$250.00	<input type="checkbox"/>
PATRON MEMBER – SINGLE SENIOR .....	\$125.00	<input type="checkbox"/>
FAMILY MEMBER .....	\$275.00	<input type="checkbox"/>
FAMILY ASSOCIATE MEMBER .....	\$275.00	<input type="checkbox"/>
SINGLE MEMBER HEAD OF HOUSEHOLD.....	\$150.00	<input type="checkbox"/>
SINGLE MEMBER.....	\$135.00	<input type="checkbox"/>
FAMILY SENIOR MEMBER.....	\$ 65.00	<input type="checkbox"/>
SINGLE SENIOR MEMBER .....	\$ 40.00	<input type="checkbox"/>
STUDENT MEMBER .....	\$ 25.00	<input type="checkbox"/>

**Additional Surcharges**

MANASHNI SURCHARGE - FOR PRINTED/MAILED COPIES	\$ 15.00	<input type="checkbox"/>
SURCHARGE (ONLY IF PAYING BY VISA/MASTERCARD)	\$ 10.00	<input type="checkbox"/>

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.



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**ZOROASTRIAN ASSOCIATION OF HOUSTON**

**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: \_\_\_\_\_



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**ZOROASTRIAN ASSOCIATION OF HOUSTON**

**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: \_\_\_\_\_