

Membership Number \_\_\_\_\_ (For GCA Use Only)

New Address   NEW Membership  Renewal Membership Number: \_\_\_\_\_

Application for Membership (YEAR 2014-2015 membership expires on August 31<sup>st</sup>, 2015)

**GUJARATI CULTURAL ASSOCIATION OF BAY AREA**

[A Non-Profit Organization, Established 1979. TAX I.D. # 94-2691175]

<http://www.gcabayarea.com>

Name (Primary) \_\_\_\_\_ Spouse Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Voting and election rights are available (if signatures are on file) to PRIMARY MEMBER & SPOUSE only. Individual membership is for any single person, 18 years or older. Family membership is limited to self, spouse, dependent children, unmarried dependent full time students (ages 18 to 24 with student I.D.) and retired parents currently living with you. **Children above the age of 5 must be included as a dependent.**

LIST ADDITIONAL DEPENDENT MEMBER PLEASE INDICATE FULL NAME AND WRITE CLEARLY

Member Number	First Name	Last Name	Relationship	Age
1				
2				
3				
4				
5				
6				

I, while participating in any GCA event, or any members of my family, or guests that participate, release GCA and their board members and officers from any and all liabilities for injury and/or damage to any person or property. I also give my authority and permission to GCA for taking any and all actions, which seems necessary in the event of injury and/or damage to persons or property. I have read and fully understood the terms of this liability release.

SIGNATURES:

PRIMARY MEMBER: \_\_\_\_\_ SPOUSE: \_\_\_\_\_ DATE: \_\_\_\_\_

Type of Membership	Single	Couple	Additional Members \$15	Life member	Total Amount	GCA USE ONLY TYPE OF PAYMENT	AMOUNT
Before 9/10/2014	\$35*	\$45	X 15 =	\$1000		CASH	\$
After 9/10/2014	\$45*	\$55	X 15 =	\$1000		CHECK NUMBER	\$

**\*\*\*If you are applying as single member, then you can not add any additional members \*\*\***

GCA USE ONLY	SINGLE	COUPLE	DEP. CHILDREN	RETIRED	TOTAL CARDS	REJECTION

**MAKE CHECK PAYABLE TO G.C.A. OF BAY AREA**

Mail Completed Application Form and Your Check

To: Director of Membership

46560 Fremont Blvd. #109,

Fremont, CA 94538