



The Zoroastrian Society of British Columbia
6900 Halifax Street, Burnaby, BC V5B 2R5

DIRECTORY CENSUS FORM

Record of Family members in each household

Title: Last name: First Name: Middle Name:

Profession/Place of work (if applicable):

Spouse's full name as preferred to appear in the next directory*

Spouse's Last name: Spouse's First name:

Spouse's profession/skills:

Residency address:

Telephone: Fax: Email address:

Dependent Children and/or other relatives living in household

#	TITLE	NAME	RELATIONSHIP	AGE	SCHOOL/PROFESSION
1	For example: Mr.	Jamshed	Son	14	Student, Gr. 9 at King George's school, Vancouver, BC

When did you settle in B.C.?

Which City/Country did you come from?

Please let us know if there is any voluntary service you can provide to your fellow Zarathushtis or others:

What are your expectations from ZSBC?

Other comments/suggestions/plans of action, etc (attach a separate sheet, if needed):

Important Notes:

- 1) Please fill up this form to the best of your ability with information you are comfortable passing on to ZSBC. The Society needs this not only to prepare a new Directory, but to understand the needs of our own community by having an idea of the various age groups, etc.
- 2) Please complete this form as soon as possible, and send it back to ZSBC at the above address, or through a Director/Committee Member
- 3) * We recognize that many married women retain their maiden last name and, therefore, we are asking that their preference be indicated only if their legal last name is not the same as that of their spouse.

Date: