



THE ZOROASTRIAN SOCIETY OF BRITISH COLUMBIA

Arbab Rustam Guiv Darbe Mehr
6900 Halifax Street, Burnaby, British Columbia V5B 2R5, Canada
Telephone (604) 420-3500

APPLICATION FORM for:

[Please tick off one box]

MEMBER

[Zoroastrian, his/her spouse and children]

ASSOCIATE MEMBER

[Non-Zoroastrian, his/her spouse and children]

(Please print))

Family Name	First Name	Initial
Address		
City	Province	Postal Code
Tel. (Res): _____	(Bus): _____	
Fax (Res/Bus): _____	Email: _____	
Self: _____	Spouse (Name): _____	
Occupation : _____	Occupation: _____	
*Date of Birth: _____	*Date of Birth: _____	
Family Members (Name)	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Although it is not mandatory for this information to be provided, it would be appreciated for census purposes.

Please advise ZSBC of any changes in address/telephone number or family status.

Annual Membership Subscription (from March 21 of each year)	\$50 Family (Mr. and/or Mrs. including children under 18 yrs)	\$25 Single (over 18 years)
	\$15 Full-time student (30 yrs & under)	\$15 Senior (over 65 years)

Cheque(s) in favour of the ZSBC (to be mailed to the Treasurer, ZSBC, at the above address) enclosed towards:

(a) Membership subscription \$ _____ (b) Tax Deductible Donation (if desired) \$ _____

[Please see reverse of this form]

I confirm that I have read and understood the Constitution and bylaws of The Zoroastrian Society of British Columbia and that I am/we are eligible for membership. I also confirm that I and my family members will make every attempt to participate as members on one or more committees.

Date

Signature

PLEASE PROVIDE REFERENCES FROM WITHIN THE ZARATHUSHTI COMMUNITY:

(a) _____
Name (please print)

(b) _____
Name (please print)

Address

Address

Telephone

Telephone