

THE ZOROASTRIAN SOCIETY OF BRITISH COLUMBIA
6900 Halifax Street, Burnaby, B.C. V5B 2R5

DIRECTORY CENSUS FORM

(Record of Family members in each household - please type or print)

(Mr./Mrs./Ms./Miss)

Last Name

First Name

Middle Name

Profession/Place of work (if applicable): _____

Spouse's First Name: _____ Spouse's Profession: _____

*Spouse's Full Name as preferred to appear in the next directory: _____

Apartment/House address: _____

Telephone #: _____ Fax #: _____ E-mail Address: _____

DEPENDENT CHILDREN AND/OR OTHER RELATIVES LIVING IN HOUSEHOLD

#	Mr./Mrs./Ms.	Name	Relationship	Age	School/Profession
1	<i>For Example:</i> Mr.	Jamshed	Son	14	Student, Gr. 9 at King George's School, Vancouver, B.C.

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/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: _____