



# 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

*[Please check off any 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 / Middle Name

Address

City

Province

Postal Code

Telephone Number(s)

Residential: \_\_\_\_\_ Business: \_\_\_\_\_

Fax (Res/Bus): \_\_\_\_\_ Email: \_\_\_\_\_

**Self**

**Spouse (if applicable)**

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 contact details or family status.**

*Please see reverse of this form*

**ANNUAL MEMBERSHIP FEE (from 21<sup>st</sup> March of each year)**

- ❖ **Family** (Husband and wife, including children under 18): **\$100**
- ❖ **Senior** (65 years of age and over): **\$25**
- ❖ **Full-Time Student** (Enrolled in an educational institution in B.C.): **\$25**
- ❖ **Individual** (18 years and over; even those living with parents): **\$50**
- ❖ **Non-Resident:** (not residing in B.C.): **\$50**
- ❖ **Associate Member:** **\$50**

**Fees may be paid by cash, cheque, or on our website via PayPal.**

Please do not hesitate to contact the [ZSBC Directors](#) if you have any questions on issues relating to our Society or to convey your views.

(A) Membership Fee \$ \_\_\_\_\_

(B) Tax Deductible Donation (if desired) \$ \_\_\_\_\_

*ZSBC will issue tax deductible receipts for donations over \$25*

**I / we confirm that I / we have read and understood the [Constitution](#) and [By-Laws](#) of The Zoroastrian Society of British Columbia and I / we agree to abide by them. I / we confirm that I am / we are eligible for membership.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (*Principal applicant*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (*Spouse of principal applicant*)

**Thank you for becoming a member of the ZSBC.**

**We look forward to your participation and encourage you to get involved with ZSBC committees.**

**PLEASE PROVIDE REFERENCES FROM WITHIN THE ZARATHUSHTI COMMUNITY:**

(1) \_\_\_\_\_  
Name (*please print*)

(2) \_\_\_\_\_  
Name (*please print*)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email