



Jain Center of Los Angeles

10105 Commerce Ave, Tujunga, CA 91042
Tel: (818) 860 0901 Email: jaincenterofla@gmail.com
www.jaincenterofla.org

MEMBERSHIP FORM

<input type="checkbox"/> Life Membership Fee : \$250.00 (For the spouse add \$1.00)	<input type="checkbox"/> Associate Membership – For 2 years Fee : \$50.00 (For the spouse add \$1.00)
Your Name:	Spouse's Name:
Occupation:	Occupation:
Home Address:	Mailing Address:
Home Phone:	Work Phone:
Mobile Phone:	Native Place in India:
Children's Name and Ages:	1. 2. 3.
Father's Name:	Mother's Name:
Emergency Contact Person:	Emergency Contact Person Phone#:
Email Address 1:	Add to email list: Yes / No
Email Address 2:	

*Please give 2 references (Preferably JCLA/JCSC Life Members).
Applicant should be Jain or at least one of the parents, should be Jain.*

Reference 1:	Name : Address:	Phone:
Reference 2:	Name : Address:	Phone:

Honorary Membership

Please make checks payable to : Jain Center of Los Angeles . Check # _____ Amount \$ _____ Mailing Address : 550 S. Hill Street, Suite 1183, Los Angeles, CA 90013-2414

By signing below I agree to abide by the rules and regulations of Jain Center of Los Angeles.

Signature: _____ **Date :** _____

Office Use Only

EC Approval Date: _____

Effective Date: _____