



BRAHMIN SAMAJ OF USA

P.O. BOX 8332, JERSEY CITY, NJ 07308 TEL: 201-659-3614 FAX: 201-659-3489

Website: [HTTP://BSOU.org](http://BSOU.org)

I /We wish to join the Brahmin Samaj Of USA. Enclosed herewith please find the non-refundable fee against the membership. **[Please make check payable to Brahmin Samaj of USA or BSOU, NJ]**

PATRON... \$250

LIFE... \$150

UPGRADE TO PATRON (FROM Life)... \$100

Applicant's Name: _____
(Last) (First) (Middle)

Occupation: _____ Education: _____

Spouse: _____
(Last) (First) (Middle)

Spouse's Occupation: _____ Spouse's Education: _____

Address1: _____
(Number) (Street) (Apartment #)

: _____
(City) (State) (Zip Code)

Telephone: (Home) _____ (Office) _____

Email: _____ Fax: _____

Native Place: _____ Gotra: _____

Family Members residing in the same household

Name	Relation	Age	Education	Occupation

I/We understand that I have voluntarily supplied the above information and it may be used for the benefit of the Brahmin Samaj of USA and its members at anytime. **I/We agree to abide by the constitution of BSOU.**

BSOU Executive Committee will review this application for eligibility and approval of your membership.

Signature(s): _____ Date: _____

For official use only

Received \$ _____ Check# _____ Member Type _____ Receipt# _____

Approved By: _____

Treasurer: _____ President: _____ Trustee: _____ Date: _____