

INDIA NETWORK MEMBERSHIP FORM

Please complete the below form and fax the form to **407-479-3289** or mail to: **India Network Foundation, 7065 Westpointe Blvd. Suite 209, Orlando, FL 32835**. Information provided on the form will be kept confidential and will be used for annual report in aggregate statistics. Appreciate your co-operation in filling-up all the fields for completeness.

MEMBER (USA/CANADA RESIDENT) INFORMATION

Name: _____ Age: ____ Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Work Phone _____ Cell Phone: _____

Education: _____ Occupation _____ Annual Income (\$) _____

Gender: _____ Marital Status _____ Number of Children: _____

E-Mail Address _____

Payment Information (membership is \$10 per year) Visa/MC/Amex/Discover

I here by authorize India Network to charge \$ _____ to my credit card for membership:

Credit Card Number: _____ Exp. Date: _____

Verification Code: _____ (3 digit code on the back of the card next cc number)

Cardholder's Signature: _____

Information about Visitor 1

Name: _____ Age: _____ Passport Number: _____

Relationship to Member: _____ Number of Children: ____ Education: _____ Occupation: _____

State of Origin in India: _____ Gender: _____ Marital Status: _____

Information about Visitor 2

Name: _____ Age: _____ Passport Number: _____

Relationship to Member: _____ Number of Children: ____ Education: _____ Occupation: _____

State of Origin in India: _____ Gender: _____ Marital Status: _____

Information about Visitor 3

Name: _____ Age: _____ Passport Number: _____

Relationship to Member: _____ Number of Children: ____ Education: _____ Occupation: _____

State of Origin in India: _____ Gender: _____ Marital Status: _____

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