



## 2026 NEW MEMBERSHIP FORM

www.gujaratisocietyniagara.org

MEMBERSHIP YEAR

JANUARY 01<sup>ST</sup> THROUGH DECEMBER 31<sup>ST</sup> 2026

Please fill out the form and send it to [members.gsn@gmail.com](mailto:members.gsn@gmail.com)

| Membership Type (Revised Structure)  | Yearly Membership Fee                  |
|--|--|
| INDIVIDUAL*  | \$ 150.00 / person                     |
| FAMILY WITH UNMARRIED CHILDREN*  | \$ 250.00 / family                     |
| EXTENDED FAMILY MEMBERS*<br>PARENTS and/or IN-LAWS<br>MARRIED SON/DAUGHTER and/or SON/DAUGHTER IN-LAWS (reside with you at the same address) | \$ 75.00 / person<br>\$ 75.00 / person |
| *Brother and Sister (Must be a resident of Niagara Region, Ontario) will be treated as 'INDIVIDUAL', Please fill out separate form           |  |

| Family Members and Extended Family Members Detail                       |                |   |   |
|---|----------------|---|---|
| The primary member must be a permanent resident or a citizen of Canada. |                | Would you like to include your parents and/or in-laws in this membership application? If so, please provide their names.? |   |
| LAST NAME: _____  | Email _____    | FATHER NAME: _____  |   |
| FIRST NAME: _____   |                | MOTHER NAME: _____  |   |
| SPOUSE NAME: _____  |                | FATHER-IN-LAW: _____  |   |
|   |                | MOTHER-IN-LAW: _____  |   |
|   | Son / Daughter | Birth Month & Year<br>MM/YYYY   |   |
| CHILD NAME 1: _____   |                |   | Please provide the names of your married son/ daughter and/or son/ daughter-in-law who currently reside with you at the same address for the membership application. Relation |
| CHILD NAME 2: _____   |                |   | MEMBER 1: _____   |
| CHILD NAME 3: _____   |                |   | MEMBER 2: _____   |
| CHILD NAME 4: _____   |                |   | MEMBER 3: _____   |
|   |                |   | MEMBER 4: _____   |

| Contact Information                                   |
|---|
| STREET ADDRESS: _____                                 |
| CITY: _____ Province: _____ POSTALCODE: _____         |
| PHONE*: _____ EMAIL: _____                            |
| * Your phone number will be your Family Membership ID |

| Please provide the contact details of two current members of the Gujarati Society Niagara   |                   |                 |
|---|-------------------|-----------------|
| Member Name: _____  | Contact No. _____ | Relation: _____ |
| Member Name: _____  | Contact No. _____ | Relation: _____ |
| ** Membership is non-refundable or non-transferable and can only be used by the registered members.<br>** All members acknowledge and accept the terms & conditions of GSN By-Laws<br>** The primary member must be a permanent resident or citizen of Canada and a resident of the Niagara Region, Ontario.<br>** New membership may require to submit a Niagara Region Residential proof of address (Driver's License or Utility Bill)<br>** ALL rights reserved by Gujarati Society Niagara, Ontario |                   |                 |

Thank you for submitting your new membership request. You will soon receive an email from Gujarati Society Niagara containing payment instructions. Should you have any questions or concerns, please feel free to contact us at [members.gsn@gmail.com](mailto:members.gsn@gmail.com)

DATE: \_\_\_\_\_ PRIMARY MEMBER SIGNATURE \_\_\_\_\_