



# Membership Form

**YOUR**

| FIRST NAME | MIDDLE NAME | LAST NAME | MEMBERSHIP TYPE |
|------------|-------------|-----------|-----------------|
|            |             |           |                 |

**SPOUSE'S**

| FIRST NAME | MIDDLE NAME | LAST NAME | MEMBERSHIP TYPE |
|------------|-------------|-----------|-----------------|
|            |             |           |                 |

**CHILDREN**

| FIRST NAME | MIDDLE NAME | LAST NAME | AGE | MEMBERSHIP TYPE |
|------------|-------------|-----------|-----|-----------------|
|            |             |           |     |                 |
|            |             |           |     |                 |
|            |             |           |     |                 |

**ADDRESS:**

| NUMBER | STREET / SUITE OR APT # | CITY | STATE / ZIP |
|--------|-------------------------|------|-------------|
|        |                         |      |             |

**CONTACT:**

| HOME PHONE | BUSINESS PHONE | CELL PHONE | FAX | EMAIL |
|------------|----------------|------------|-----|-------|
|            |                |            |     |       |

**REFERRED BY MONA MEMBER:**

|       |        |
|-------|--------|
| NAME: | PHONE: |
|-------|--------|

- |       |   |                                    |
|-------|---|------------------------------------|
| YOUTH | Y | \$10 / CALENDAR YEAR (NON-VOTING)* |
|-------|---|------------------------------------|
- |            |   |  |
|------------|---|--|
| INDIVIDUAL | I | \$25 / CALENDAR YEAR (19 YEAR OR OLDER)* |
|------------|---|--|
- |           |   |                                    |
|-----------|---|------------------------------------|
| ASSOCIATE | A | \$25 / CALENDAR YEAR (NON-VOTING)* |
|-----------|---|------------------------------------|
- |        |   |                      |
|--------|---|----------------------|
| FAMILY | F | \$50 / CALENDAR YEAR |
|--------|---|----------------------|
- |      |   |   |
|------|---|---|
| LIFE | L | \$1,000 (PAYABLE IN 2 ANNUAL INSTALLMENTS)* |
|------|---|---|
- |        |   |  |
|--------|---|--|
| PATRON | P | \$25,000 (PAYABLE IN 5 ANNUAL INSTALLMENTS)* |
|--------|---|--|
- |         |   |   |
|---------|---|---|
| TRUSTEE | T | \$100,000 (PAYABLE IN 5 ANNUAL INSTALLMENTS)* |
|---------|---|---|

Please make checks payable to "Memon Organization of North America."

\*Individual Membership

I accepted for the membership and hereby agree to the aims & objective of M.O.N.A. and will abide by its bylaws, rules and regulations.

Applicant's Signature

Date

Spous's Signature

Date

**Memon Organization of North America**

(909) 440-9542

[www.memonconnect.com](http://www.memonconnect.com)

520W. Foothill Blvd., Azusa CA 91702