Please fill out this form on your computer for data accuracy

Gujarati Samaj Of Tampa Bay - 2024

Membership Form

Membership valid from 01/01/2024 thru 12/31/2024

GSTB is a Non Profit 501(c)3 Organization: Tax ID: 59-2657408

Primary Member's Name & Address:
(Please use CAPITAL Letters)

_____

_____

_____

_____

AS PER BY-LAWS OF GSTB:

a. Membership Fees are not transferable or refundable. Age as of 01/01/2024.
b. Only Online payments made before 12/31/2023 with credit/debit card and auto renewal will receive $10/person discount.
c. ALL members acknowledge & accept the Terms & conditions of GSTB By-Laws.
d. There may be nominal charge for some events to members.
e. **Date of Birth is a required field.** Copy of birth certificate required for children under 5 years of age.

Primary Phone # (Will be Published): _____

Alternate Phone # _____

E-mail Address: _____

Alternate E-Mail Address: _____

Last Name Below First Names Below Or First & Last Name if different Last Name than above	Relationship	e.Date of Birth MM/DD/YYYY	A Adults Age-18 to 64 $125	B Seniors Age-65 & Up $125	C Child >5 Age-5 to 17 $125	D Child <5 Age-1 to 4 $0
Only Online payments made before 12/31/2023 with credit/debit card and auto renewal will receive $10/person discount.						
	Primary Member (Self)					
		Total:				

Mark One: ____ First Time Membership ____ Renewal

Auto Renewal Next Year? ____Yes ____No

Auto Renewal Authorization: _____

Total Membership Dues:

ALL members acknowledge & accept the terms & Conditions of GSTB By-Laws. Copy of GSTB By-Laws available @ www.gujaratisamajtampabay.com

Credit Card payment will be accepted with nominal convenience fee.
Only Online payments made before 12/31/2023 with credit/debit card and auto renewal will receive $10/person discount.

Gujarati Samaj of Tampa Bay, Inc.
Attn: Mahesh Modha, President
3013 Cordoba Ranch Blvd
Lutz, FL 33559-3971

GSTB is a Non-Profit 501(c)3 Organization: Tax ID: 59-2657408

Credit/Debit Card Information: (Office Use Only)

___ Visa ___ MC ___ AmEx ___ Discover _____ Other

Card Holder's Name: _____

Card # _____

Exp. Date:_____ Security Code:_____ Zip Code:_____

Signature: X_____

For membership information, contact Mahesh Modha at mikemodha@gmail.com or 813-476-1540