



# Auckland Arya Samaj Inc.



## Membership Application Form

Family Name:  Initials:

Home Address:     
Street No: Street Name Suburb

Phone Contact:     
Home Work Mobile

E-mail Address:

**Names of all applicants included with this application:**

Surname	Given Names	Approx. Age

Brief family history regarding the association with the Arya Samaj movement (optional):

  
  


Details of TWO referees known to the Auckland Arya Samaj members

Name	Address	Phone Contact

**NOTE:** Application will only be considered if it is accompanied by one year's membership fee of \$10.00 for each applicant over the age of Eighteen years.

*Total Membership Fee Included*

**Declaration:** I/We agree to follow the ten principles of the Arya Samaj and the constitutions of the Auckland Arya Samaj Incorporated and the Arya Pratinidhi Sabha of New Zealand (Aotearoa) Incorporated. Failure to do so may result in disciplinary action taken against me/us or the membership maybe cancelled without any refund of the fee paid.

**Signed:**     
**Name:**

**Signed:**     
**Name:**

**Official Use:**

Date Received:

Status:  Accepted/Declined