

**SINDHI ASSOCIATION OF NORTH AMERICA (SANA)**

1805 N Greenleese Dr, Frederick, MD 21701

Email: [sananotification@gmail.com](mailto:sananotification@gmail.com)Website: [www.sanaonline.org](http://www.sanaonline.org)**Office Use Only**

Received Date: \_\_\_/\_\_\_/\_\_\_

Approval Date: \_\_\_/\_\_\_/\_\_\_

✓ **REQUIRED FIELDS IF APPLY****MEMBERSHIP APPLICATION FORM****MEMBERSHIP INFORMATION**

✓ <b>Application Type</b>	<input type="checkbox"/> New Member	✓ <b>Membership Term</b> Individual and Family Membership term expires on June 30 <sup>th</sup> and must be renewed every year.	Start Date: 07/01/___
	<input type="checkbox"/> Renewal (existing member only)		End Date: 06/30/___
✓ <b>Application For</b>	<input type="checkbox"/> Self	✓ <b>Membership Type</b>	<input type="checkbox"/> Individual (USD 15 per year)
	<input type="checkbox"/> Family Member You can ONLY submit application FEE on behalf of your children 18 or above, Parents, and Siblings. Specify your relationship: _____ Your Email: _____ <b>Form must be signed by the Primary Member/Applicant</b>		<input type="checkbox"/> Family (USD 25 per year)
		✓ <b>Status in US or Canada</b>	<input type="checkbox"/> Citizen
			<input type="checkbox"/> Permanent Resident
			<input type="checkbox"/> Other _____

**MEMBER INFORMATION**

✓ <b>Primary Member</b>	✓ <b>First Name</b>		✓ <b>Last Name</b>	
	✓ <b>Email</b>		✓ <b>Contact Phone</b>	
	✓ <b>Profession</b>			
	✓ <b>Address (Street)</b>			
	✓ <b>City</b>		✓ <b>State</b>	
	✓ <b>Country</b>	<input type="checkbox"/> USA <input type="checkbox"/> Canada	✓ <b>Place of Roots In Sindh</b>	
✓ <b>Spouse/Partner</b>	✓ <b>First Name</b>		✓ <b>Last Name</b>	
	✓ <b>Email</b>		✓ <b>Contact Phone</b>	
	✓ <b>Profession</b>			

**CHILDREN INFORMATION**

(Children only include dependents under 18 years of age. Children 18 or above require their own membership application)

No.	First Name	Last Name	Date of Birth	Youth Member
1.			___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.			___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.			___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.			___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.			___/___/___	<input type="checkbox"/> YES <input type="checkbox"/> NO

**AFFILIATIONS (Please specify any organizational affiliations currently held)**

No.	Organization Name	Professional/Not-for Profit/Political	Affiliation Type	Affiliation Since
1.				___/___/___
2.				___/___/___
3.				___/___/___

**INTRODUCING MEMBER INFO**

	✓ <b>First and Last Name</b>	✓ <b>Email Address</b>	✓ <b>Contact Phone</b>	✓ <b>State/Country</b>

**UNDERTAKING**

- I affirm that all information provided above is true and best to my knowledge.
  - I/We solemnly affirm that I/we have read SANA rules and regulations as described in the SANA By-laws and further affirm that I will abide by its rules as long as I remain an active member of the organization.
- ✓ **Applicant's Signature:** \_\_\_\_\_ ✓ **Date:** \_\_\_/\_\_\_/\_\_\_

**PAYMENT INFORMATION**

✓ <b>Name</b> (person making the payment)		✓ <b>Email</b>	
✓ <b>Payment Type</b>	<input type="checkbox"/> Online PayPal <input type="checkbox"/> Online Credit Card <input type="checkbox"/> Check/Money Order	✓ <b>Payment Date</b>	___/___/___
✓ <b>Payment Amount</b>	USD /-	✓ <b>Transaction Ref. ID</b> (if paid online)	

Please make check payable to **SANA** and mail to: **1805 N Greenleese Dr, Frederick, MD – 21701 USA**For membership application guidelines and SANA By-laws please visit SANA website: [www.sanaonline.org](http://www.sanaonline.org)For all other questions and inquires please contact SANA Treasurer at: [sananotification@gmail.com](mailto:sananotification@gmail.com)