



Pakistani-American Association of Greater Houston MEMBERSHIP APPLICATION



Instructions: This application is good for either new membership or renewal from last year. We will appreciate you providing us with all requisite information. Unmarried children between the ages of 1 & 25 are allowed on this form. Unmarried Children ages 16 to 25 are eligible to vote. The completed application along with the appropriate fee payable to PAGH should be mailed to the Joint Secretary at **12600 Bissonett A-4 Suite 407, Houston, Texas 77099.**

Membership #	Type of Membership (✓)	Status (✓)	Exp. Date	Fee	Today's Date
	<input type="checkbox"/> Family <input type="checkbox"/> Single <input type="checkbox"/> Student <input type="checkbox"/> Lifetime (\$1000.00 minimum)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Renew	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Member:	Last Name	First Name	Middle Name	Sex (✓)	Date of Birth
	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 20px; height: 20px;" type="text"/>
Spouse:	<input style="width: 100%; height: 20px;" type="text"/>			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 20px; height: 20px;" type="text"/>

(Please leave space between names)

Home Address:	<input style="width: 100%; height: 20px;" type="text"/>	Apt No.:	<input style="width: 40px; height: 20px;" type="text"/>
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City	State	Zip Code	County	Home Phone	E-mail Address
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

It is the responsibility of the member to inform PAGH about his/her change of address.

Member:	Profession	Business Phone	Citizenship	Voter Reg.	Dist. No.
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 40px; height: 20px;" type="text"/>
Spouse:	<input style="width: 100%; height: 20px;" type="text"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 40px; height: 20px;" type="text"/>

D E P E N D E N T	C H I L D R E N	Last Name	First Name	Middle Name	Sex (✓)	Date of Birth
		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 20px; height: 20px;" type="text"/>
		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 20px; height: 20px;" type="text"/>
		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 20px; height: 20px;" type="text"/>
		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 20px; height: 20px;" type="text"/>
		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input style="width: 20px; height: 20px;" type="text"/>

(Please leave space between names)

Signature:	<input style="width: 100%; height: 20px;" type="text"/>	Date:	<input style="width: 40px; height: 20px;" type="text"/>
	"I pledge to abide by the constitution and by-laws of PAGH"		2014

DO NOT WRITE BELOW THIS LINE

MEMBER INTRODUCED BY:	JOINT SECRETARY	TREASURER
Name:	Receiving PAGH Official Comments: <small>The membership will be in effect as signed and dated by the Joint Secretary Joint Secretary please note if membership is for three years</small>	<input type="checkbox"/> Check No.: _____ <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier Check <input type="checkbox"/> Cash
Member No.:		PAGH Receipt No.: _____
TP		Signature: _____
	Date: _____	Date: _____

Treasurer, please make a note if membership is for three years