



Membership Form - 2018 & Multi-year

Cultural Center of India

Tel # 804-536-2524

Family : \$ 150.00 (1 year) \$ 405 (3 years) (A couple & their kids)

Single : \$ 100.00 (1 year) \$ 270 (3 Years)

Family with 1 set of Parents : \$ 200.00 (1 year) \$ 540 (3 years) (Parents must be living in the same household)

Family with 2 set of Parents : \$ 250.00 (1 year) \$ 675 (3 years) (Parents must be living in the same household)

Last Name: _____ First Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail(s): _____

_____ (Please write very clearly in Upper Case letters along with applicable spacing, hyphenation, etc.)

Tel No.: Home : _____ Mobile (Optional) : _____

Names of Unmarried Children DOB (Optional): Month/Year

1. _____

2. _____

3. _____

Names of Retired Parents (Living Under same Household)

1. _____ 2. _____

Applicant's Signature (Primary Member): _____

Please Make Check Payable To: Cultural Center of India Ref/Memo: 2018 Membership Dues

Mail To: C/O Shamin Hotels, 2000 Ware Bottom Spring Rd, Chester, VA 23836

For Office Use Only: Check/Cash: \$ _____ # _____ Date: _____ Recd By: _____

Note: Deadline for Membership Dues is Sep 21, 2018.