**C:\Users\Asif\Documents\banj\banj_header_good_1.GIF**

**(A tax-exempt organization)**

NJ Registration No.: 0100612917 Federal Tax ID: 22-3363001

### MEMBERSHIP FORM

I/we hereby apply for new/renewal membership of BANJ. I/we are (1) at least 18 years of age, (2) legal resident(s), and (3) Bangladeshi in origin.

**Membership Year: \_\_\_\_\_\_\_\_\_\_\_\_**

**Membership Type (Please check):**

Regular  Life  Associate

**Name:**

|  |  |  |  |
| --- | --- | --- | --- |
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|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
| **Address:** |  | |  |
|  |  | |  |
| **Telephone:** |  | |  |
| **E-Mail:** |  | |  |
|  | | |  |
| **Signature:** |  | **Date:** |  |
|  |  |  |  |
|  |  | **Membership Fee** |  |
|  |  | Individual ($15 each): |  |
|  |  | Husband and Wife ($25): |  |
|  |  | Additional Donation : |  |
|  |  | Total: |  |

Please make your check payable to: **Bangladesh Association of New Jersey, Inc.**

**C/O Mir H. Chowdhury**

**President**

**2264 Crossing Way**

Wayne, **NJ 07470**

#### For Official Use Only

Received Check Cash Amount

Signature of BANJ Official: