



BANGLADESH ASSOCIATION OF NEW JERSEY, INC.

(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:

1.
2.
3.
4.

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: _____