

# Gujarati Association of CT (GAOCT)

## Membership Application and Information

Date: \_\_\_\_\_

Please check the appropriate box below:

New Member:       Update info as an existing member:       Request to receive "Gurjari":

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Email: \_\_\_\_\_

Spouse Work Phone: \_\_\_\_\_ Other Email: \_\_\_\_\_

Company: \_\_\_\_\_ Profession: \_\_\_\_\_

Spouse's Company: \_\_\_\_\_ Profession: \_\_\_\_\_

Residence in India: \_\_\_\_\_

### Other Family Members

Name	Relationship	Year of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Can we use this information for GAOCT Directory? Yes  No       Signature: \_\_\_\_\_

Can we share this information with other association? Yes  No

Relevant Interests, Skills, Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please place a check mark on desired option.

\_\_\_ Life Membership \* \$250.00      \_\_\_ Annual Family Membership \* \$25

\_\_\_ Annual Individual Membership \* \$15.00

\_\_\_ Volunteer Donation to GAOCT. Amount: \$\_\_\_\_\_

Make Checks Payable to GAOCT  
Mail To: GAOCT  
P.O.Box: 281056  
East Hartford, CT 06128-1056