

# DCICA

## Denton County India Cultural Association

[www.dcica.org](http://www.dcica.org)

### Membership Application

<b>MEMBERSHIP DETAILS:</b>		New Member <input type="checkbox"/>	Renew Membership <input type="checkbox"/>										
1. LAST NAME		2. FIRST NAME											
3. SPOUSE NAME													
4. STREET ADDRESS													
5. CITY	6. STATE	7. ZIP	8. HOME PHONE / CELL										
9(A) EMAIL-1		9(B). EMAIL-2											
10. Ethnicity Asian Indian origin                      YES <input type="checkbox"/> NO <input type="checkbox"/>													
11. YOUR FAMILY: (Please enter name and age for children. It is used for creating age appropriate programs)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Year of Birth</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> </tr> <tr> <td>2)</td> <td></td> </tr> </tbody> </table>	Name	Year of Birth	1)		2)		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Year of Birth</th> </tr> </thead> <tbody> <tr> <td>3)</td> <td></td> </tr> <tr> <td>4)</td> <td></td> </tr> </tbody> </table>	Name	Year of Birth	3)		4)	
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4)													
12. OTHER DETAILS:													
1. Select the activities that are important to <input type="checkbox"/> Community service <input type="checkbox"/> Social activities <input type="checkbox"/> Language school  <input type="checkbox"/> Religious activities <input type="checkbox"/> Kids activities <input type="checkbox"/> Cultural programs and events <input type="checkbox"/> Others (Please List):		2. Would you consider serving on the Executive committee or any of the subcommittees? <input type="checkbox"/> Yes <input type="checkbox"/> No  3. List activities that you will be willing to volunteer for or organize:  4. US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No (Optional) (Any citizen related activities like voting dates will be mailed)											
13. MEMBERSHIP DUES: <span style="float: right;">** <i>Please make check payable to DCICA</i></span>													
Family: \$25/Year		Single: \$20/Year      Student: \$10/Year (Student ID copy required)											
Signature : _____		Date: _____											
For further information : <a href="http://www.dcica.org">www.dcica.org</a> DCICA, P.O BOX # 271497, Flower Mound, TX 75027													
<i>For Office Use Only</i>													
Cash:	Check #:	Date Recd. ___/___/___	Membership #										