



Pakistan Society of North Texas

Membership Form

Date: _____

Name: _____ Spouse: _____
Last First MI

Address: _____

City: _____ St: _____ Zip: _____

Children (if any):

Name	Age
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Home Phone:	() _____ - _____
Work Phone:	() _____
Cell:	() _____
Email:	_____

Would you be willing to work voluntarily in any of the following committees?

- | | | |
|-----------------------------------------|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Resource Development | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Media & Communication | <input type="checkbox"/> Youth Club |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Social Services | <input type="checkbox"/> Education & Scholarship |

Membership Type & Annual Dues:

Please make checks payable to Pakistan Society of North Texas or PSNT Inc.

- | | | |
|-------------------------------------------------------|------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Single \$20/yr | <input type="checkbox"/> Couple/Family \$30/yr | <input type="checkbox"/> Student \$10/yr |
| <input type="checkbox"/> Couple/Family (2 years) \$50 | <input type="checkbox"/> Single Lifetime \$100 | <input type="checkbox"/> Couple/Family Lifetime \$150 |

Sign: _____ Date: _____

PSNT Statement of Privacy:

PSNT is committed to protecting your privacy. PSNT does not sell, rent or lease its member lists to third parties. PSNT may, from time to time, contact you about a particular offering that may be of interest to you. In addition, PSNT may share data with trusted partners to help us perform statistical analysis. All such third parties are prohibited from using your personal information except to provide these services to PSNT, and they are required to maintain the confidentiality of your information.

For PSNT use only		
Amount Rcvd.: _____	Check Num.: _____	Rcvd By: _____