



THE PARSI ZOROASTRIAN ASSOCIATION OF SOUTH EAST ASIA

19 Grange Road, # 20-21 Grange Heights, Singapore 239697
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 Registration No. ROS 102/1954/WEL

Full Name:			
Name of Spouse: Applying for membership: Yes / No ¹			
Children (with Date of Birth) ²			
Residential Address:			
Residential Contact:	Tel #:	HP #:	Email:
Office Address:			
Office Contact:	Tel #:	Fax #	Email:
NRIC/FIN/Passport No:			
I am a Zoroastrian	Yes / No ¹		
I have been initiated into the Zoroastrian religion and I do profess the Zoroastrian religion	Yes / No ¹		
Name of Proposer: (Ordinary / Life Member)			

I wish to apply for membership of the Parsi Zoroastrian Association of South East Asia and if accepted agree to abide by the rules and objectives of the Association. I declare that the particulars given above are true to the best of my knowledge.

Enclosed S\$_____ in cash / cheque being membership fees.

Explanatory Note about membership:

Ordinary: above 18, if both spouses Zoroastrian, \$40/- each. (voting rights)

NZS: Non-Zoroastrian spouse of a Zoroastrian Ordinary Member. (no voting rights)

Associate: Of Zoroastrian extraction but not practicing Zoroastrian religion. (no voting rights)

Please make cheque payable to:

“The Parsi Zoroastrian Association of South East Asia”

Current Membership rates:

- * Ordinary – S\$40 per calendar year (period Jan-Dec)
- * Life – S\$600
- * NZS – S\$30 per calendar year (period Jan-Dec)
- * Associate – S\$30 per calendar year (period Jan-Dec)

For Official Use Only:

Presented at Committee Meeting on:

Recommended by:

Final Status Approved/Disapproved:

 Signature / Date

¹ Delete as appropriate and sign

² Children aged below 18 of any member can be enrolled as junior members of the association and are entitled to all benefits of membership except they will have no voice in the affairs of the management of the association. They are not entitled to vote. They will not be called upon to pay any subscription. If the children are above 18 years of age and wish to become full members in their own right please use another form.