

## **Bangladesh Association Of Florida Usa**

A Nonprofit Organization

Membership Form Date:

6412 Melaleuca In, Greenacres Florida-33463, Ph: 561-876-2255

New Member	r 🔲 Renewal M		Member	\$	Amount	
Membership Types:  ☐ \$500.00 Life Single  ☐ \$50				idual/2 Year		
Membership Period : September 1st to October 31st of each year, except life Membership (To be a member two years fee required) Please Make Your Check Payable to : Bangladesh Association of Florida USA Inc.						
Membership Information:  I Certify that the information given in this form is correct to the best of my Knowledge						
Last Name :			First Name :	First Name :		
Address:						
City:						
Phone:			State:	Zip:		
E-mail:		Listed	☐ Unlisted			
Interest:						
Cultural Programs:			Committees	:		
Drama			Social Work :			
Others:						
I certify that the information given in this form is correct to the best of my Knowledge. I aso hereby understand that Being a member of this organization I am subject to the terms and conditions of Bangladesh association of Florida USA. I will also agree to abide by the constitution of Bangladesh Association of Florida USA. Membership in this organization is strictly on Voluntary basis. I Accept the terms and condition of membership.						
Signature			Date:			
!! Do Not Write Below This Line !!						
☐ Money Order	☐ Bank Draft	☐ Check [	Cash	Date:		
Received By : Rejected :		Bank Deposit Date :				
Comment:						