



Rhode Island Hindu Temple Society, Inc. (RIHTS)

(A Non-Profit Organization EIN: 80-0909377)

Address: 40 Gardiner St, Warwick, RI 02888
Telephone: 401-830-0803
Email: membership@rihts.org **Website:** www.rihts.org

MEMBERSHIP APPLICATION FORM

(Effective 04/01/2014)

Please familiarize yourself with the membership rules before completing this form. The application form must be completed in full and signed. Fields marked by an * are required. E-mail addresses collected will be used for RIHTS correspondence and for notification of Temple events only.

APPLICANT INFORMATION (Please PRINT)

Name:	Last*	First*	MI	Title	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Resident of USA <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Name:	Last	First	MI	Title	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Resident of USA <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Street*	Apt#		City*	State*	Zip Code*
Telephone:	(Home)	(Cell)	(Work)	E-mail:		

Please select the membership option for which you are applying:

New Renew Upgrade If upgrading, provide current membership category _____, and Dues paid so far \$ _____

MEMBERSHIP CATEGORIES AND DUES

Please select the desired membership level

Member Category	Membership Fee	Payable in
<input type="checkbox"/> Annual Family Member	\$101	Full
<input type="checkbox"/> Annual Individual Member	\$51	Full
<input type="checkbox"/> Life Member	\$2,000	2 Years
<input type="checkbox"/> Patron Member	\$10,000	3 Years
<input type="checkbox"/> Grand Patron Member	\$25,000	5 Years

- o An Individual or family is limited to one membership at a time.
- o Membership dues paid partially or in full must accompany each membership application.
- o General donations cannot be transferred towards membership dues.
- o Membership dues must be paid in full within the stipulated time.
- o For all membership fees other than Annual membership, a minimum of \$101 must be paid at the time of application. The rest of the dues must be paid by distributing the total amount equally over the stipulated time. Example: For Life Membership, a minimum of \$1,000 must be paid in each year.
- o Members in any membership category can upgrade their membership by paying the difference in amount as it exists at the time of upgrade.

PAYMENT INFORMATION

Payment Included * \$ _____	Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC <input type="checkbox"/> Other _____
Please make check payable to: Rhode Island Hindu Temple Society, Inc.	Cash payments in excess of \$10,000 will not be accepted A new applicant becomes member only after approval by the board of directors. If the application is not accepted, all dues collected will be returned.

AKNOWLEDGEMENT AND CERTIFICATION

By signing this Membership Form, I/we acknowledge that I/we am/are 18 years of age or older, am/are the legal resident(s) of the USA, and have been advised of the rules governing membership to RIHTS. I/we certify that the information provided herein is true to the best of my/our knowledge and belief. I/we affirm my/our firm belief in the Hindu religion, its culture and traditions and pledge to support the mission and the activities of RIHTS. I/we further agree to comply with all applicable rules, terms and provisions of RIHTS as they currently exist or as enacted in the future by the governing body of RIHTS.

Applicant Signature* _____ Spouse Signature _____ Date _____

FOR RIHTS USE ONLY – Do not write below this line

Amount Received \$ _____ Receipt No# _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> CC # _____ Exp: _____ <input type="checkbox"/> Other _____	MEMBERSHIP APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO Signature - Membership Committee _____ PRINT NAME _____ Date _____ Signature – Board of Director _____ PRINT NAME _____ Date _____
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