Hindi Bhashi Cultural Association (HBCA)

Membership Application Form

Instructions: Please fill out this form completely and accurately. Membership is open to individuals who support the promotion and preservation of Hindi language, literature, and Indian culture.

Personal Information

- **Full Name:** _____
- **Preferred Name:** _____
- **Date of Birth:** _____ (MM/DD/YYYY)
- **Gender:** ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say
- **Nationality / Country of Residence:** _____
- **Current Address:**

  _____

  City: _____ State: _____ ZIP Code: _____
- **Phone Number:** _____ **Email Address:** _____
- **Occupation / Profession:** _____

Family / Additional Members (for Family Membership)

- **Spouse Name:** _____ (if applicable)
- **Children Names & Ages: Children 18 and under can stay on your membership**

  1. _____ (Age) 2. _____

Membership Type (Please select one)

- ☐ **Annual Individual Membership** – $_____ (Amount as per current year)
- ☐ **Life Individual Membership** – $_____ (One-time)
- ☐ **Family Membership** – $_____ (Annual)

Hindi Language & Cultural Interest

- **Hindi Language Proficiency:** ☐ Beginner ☐ Intermediate ☐ Fluent ☐ Native

- **Areas of Interest** (Select all that apply): ☐ Hindi Literature & Poetry ☐ Cultural Events (Diwali, Holi, Republic Day, etc.) ☐ Educational Workshops & Seminars ☐ Music, Dance & Performing Arts ☐ Youth & Children Programs ☐ Community Service ☐ Other: _____
- **How did you hear about HBCA?** ☐ Website ☐ Social Media ☐ Friend/Family ☐ Event ☐ Others: _____
  - **Why do you want to become a member of HBCA?**

Become a Volunteer Member and get 10% discount on membership fee

- **Yes** **NO**

Declaration

I hereby declare that the information given above is true and correct. I agree to abide by the rules, regulations, and objectives of the Hindi Bhashi Cultural Association (HBCA). I understand that my membership may be subject to approval by the Executive Committee. HBCA is a 501c3 approved organization and you can take income tax benefits, permitting your tax filing status.

"I hereby grant HBCA Inc permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration."

Signature: _____ **Date:** _____

Would you like to donate to HBCA ? ☐ Yes ☐ No

Submission Instructions: Please submit the completed form by:

- Email: **hindibhashiassociation@gmail.com**

For Office Use Only

- Application Received Date: _____
- Membership ID: _____
- Approved by: _____ Date: _____