

*Create a legacy for your future generations.  
Become a LPS life member today.*



# Leuva Patidar Samaj of USA

(Surat, Navsari & Valsad District)

■ FIN# 20-5846705

## Membership Application Form Each Married child needs to fill out separate form

Change of Address  
Print your old Address  
New Member  
Life Member  
U                      k

Make check payable to LPS of USA  
Enclose \$60 for one year and \$100 for two years  
Or \$1001 for Life time membership  
.....Ono yo ..  
..... o # .....

Old Hickory TN 37138-2063

**Web: [www.leuvapatidarsamaj.com](http://www.leuvapatidarsamaj.com)** (Ph) 615-739-5088 Fax: 615-739-5266 Email:[ravidave12@comcast.net](mailto:ravidave12@comcast.net)

### APPLICANT INFORMATION SPOUSE INFORMATION

<b>Full Name</b> _____	<b>Full Name</b> _____
<b>Village</b> _____	<b>Village</b> _____
<b>Father and Grandfather's full name</b> _____	<b>Father or Grandfather's full name</b> _____
<b>Mother's name</b> _____	<b>Mother's name</b> _____
<b>Father and Grandfather's name</b> _____	<b>Father and Grandfather's name</b> _____
<b>Village</b> _____	<b>Village</b> _____
<b>Name of Business</b> _____	<b>Profession</b> _____

**Home Address/ Street Name** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone :**(        ) \_\_\_\_\_ **Work Phone:** (        ) \_\_\_\_\_ **Fax:** (        ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Old Address: (For change of address only) Street Name:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Unmarried Children First name only	Date of birth Month/ Year	Unmarried Children First name only	Date of birth Month/Year

**Married Children First name only**

1. _____	3. _____	5. _____	7. _____
2. _____	4. _____	6. _____	8. _____

**Payment Option:** Check # \_\_\_\_\_ Dt: \_\_\_\_\_ **Credit Card Type**    Visa                      Master                      Amex                      Discover

**Credit Card #** \_\_\_\_\_ **Exp.Date** \_\_\_\_\_ **Three digit CVV (Four digit for Amex) #** \_\_\_\_\_ **Amt Authorized \$** \_\_\_\_\_

**Name on the Credit Card** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_