



SINDHI ASSOCIATION OF NORTH AMERICA

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www.sanalist.org



Membership Application

Check One

New Member

Renewal

Name:

Last

First

Middle

Profession:

Spouse:

Last

First

Middle

Profession:

Address:

_____ Zip _____ Country _____

Telephone

() -- _____

Home

() -- _____

Work

() -- _____

Fax

() -- _____

Cellular

e-mail:

_____ @ _____

Place of Roots in Sindh _____

Membership Dues
(Please Circle One)

Regular	Individual US \$ 25	Family US \$ 50	Life Membership US \$ 1000
Student	US \$ 25	US \$ 25	

I/WE SOLEMNLY AFFIRM THAT I/WE SHALL ABIDE BY THE RULES OF SINDHI ASSOCIATION OF NORTH AMERICA AS DESCRIBED IN THE CONSTITUTION ON THE ORGANIZATION.

I/WE PERMIT [] DO NOT PERMIT [] TO PUBLISH ABOVE INFORMATION IN SANA DIRECTORY

Name of member who introduced

Signature of New Member

Date

Please make check payable to Sindhi Association of North America and mail it to Treasurer SANA
6441 McDonald Drive Paradise Valley, AZ 85253 USA

(OVER)

