



INDIA ASSOCIATION OF BUFFALO
 [(A Not for Profit organization) regd. under Sec.501(C) (3)]
P.O. Box 925, Williamsville, N.Y. 14231-0925
www.iabuffalo.org



MEMBERSHIP FORM 2020

For Official Use Only
 Receipt#: **2020-M**____
 Cash / PP / Chq

Name (Last): _____
 (First): _____
 Spouse Name: _____
 Dependents: _____

<input type="checkbox"/>
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MEMBERSHIP TYPE (Check one)
Business Patron - \$300
Family Patron - \$160
Single Patron - \$80
Family Member - \$50
Single Member - \$25
Student Member- \$10

Address: _____ DOB (Optional) _____ (MM/DD)
 _____ Spouse DOB (Optional) _____

Phone: _____ Can phone # be listed in IAB Directory Yes No

Email(s) (For IAB communication only!): _____

If you do not want to receive communications from IAB via email, you will need to check the IAB website (www.iabuffalo.org) regularly for notices and updates.
Email addresses will not be listed in IAB directory, or shared.

Mail completed Form along with your check to:
India Association of Buffalo
P.O. Box 925,
Williamsville, NY 14231-0925

MEMBERSHIP YEAR IS JANUARY 1st THROUGH DECEMBER 31st

Annual Activities and Membership Benefits:

- **Celebration of Republic Day:** Cultural Program participation limited to Member families.
- **Annual Sports Tournament:** Participation fee discounted for Member families.
- **Annual Family Picnic:** Free for Member families.
- **Independence Day Celebrations and Mela:** Cultural Program participation limited to Member families.
- **Annual Dinner and Dance:** Ticketed event-- discounted tickets for Member families.
 Patron member families get 2 free tickets (*1 ticket for Single Patron*).

Please support your Association by becoming a member!

By accepting the membership of IAB, I hereby agree to abide by the Constitution and By-Laws of the India Association of Buffalo.

Signed _____ Date: _____

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India Association of Buffalo [(A Not for Profit organization) regd. under Sec.501(C) (3)] have received payment of \$ from on for membership for year 2020.

Collector