

INDIAN SENIOR CITIZENS ASSOCIATION, HOUSTON.

Application for New Membership - Year 2024

(You must be 65 Years of Age or Older)

Applicant must be Indian Origin & Resides in Houston Metropolitan Area.

Annual New Membership Fees: \$30.00 up to March 2024 and \$40.00 from April 1st 2024 till June-30-2024

First Name: _____ M. I: _____ Last Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Birth Date: _____ Verified By: _____ Documents: _____

Cell phone #: _____ Profession: _____

E-mail Address: _____ Name of Spouse _____

_____ Hobbies - Circle (Outing, Singing, Cards, Painting, cooking etc.) _____ Emergency Contact

Information (Other than Spouse) Name _____

Relationship _____ Phone (C) #: _____

Have you ever been asked to leave or forced to resign from any organization in the past? YES ___ NO ___

Disclosure and Waiver: By signing this application for the Membership of ISCA, I agree to abide by the **ISCA** Constitution, Articles, Bylaws, Rules, Regulations & Board Resolutions, whether currently in force **or** subsequently modified. Further, I hereby voluntarily relinquish the rights to hold the ISCA, its officers & its volunteers liable for any act and/or omission that may result in either legal or moral accountability, whether financial or non-financial in nature, thereby waiving my rights to any legal remedy that may otherwise be available at Law or in equity. The information given by me in this application form is TRUE. I fully understand & acknowledge that any violation of the terms contained herein shall be regarded as a good cause for removal from a particular event, and result in suspension, temporary and/or permanent loss of my ISCA membership.

Signature: _____ Name: _____ Date: _____

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INDIAN SENIOR CITIZENS ASSOCIATION, HOUSTON
(To be filled in by Applicant except Receiver's Name to save Time).
Check should be written in favor of ISCA Houston.

Received \$30/40(Cash/Check No. _____) towards New Membership fee for the Year 2024

Paid by _____ Phone # _____

Fee Received by _____ Date _____