



# Connecticut Valley Hindu Temple Society

## Sri Satyanarayana Swamy Temple



11 Training Hill Rd, Middletown CT 06457

Phone: (860)346-8675 Email: [ContactCVHTS@cvhts.org](mailto:ContactCVHTS@cvhts.org) Web: [www.cvhts.org](http://www.cvhts.org)

TAX ID: 06-0999622

### Application for CVHTS Membership

Please complete all the details below and submit the form in the office along with the payment.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Star: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Gotram: \_\_\_\_\_ Membership Type:  Life (\$1,000/Person)  Year (\$120/Person)

#### Spouse

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Star: \_\_\_\_\_ Gender:  Male  Female

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Existing Member:  Yes  No Membership Type:  Life (\$1,000/Person)  Year (\$120/Person)

#### Child 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Star: \_\_\_\_\_ Gender:  Male  Female

#### Child 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Star: \_\_\_\_\_ Gender:  Male  Female

#### Child 3

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Star: \_\_\_\_\_ Gender:  Male  Female

#### Child 4

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Star: \_\_\_\_\_ Gender:  Male  Female

#### Payment:

Total Paid: \$ \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Mode of Payment:  Cash /  Credit Card /  Check (Payable to CVHTS) Check # \_\_\_\_\_

I would like to contribute the above amount and be part of the CVHTS Organization and temple member community.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

May Lord Sri Satyanarayana Swamy bless us all !!!