

ੴ ਸਤਿਗੁਰ ਪ੍ਰਸਾਦਿ

Sikh Religious Society of Wisconsin

3675 N. Calhoun Road, Brookfield, WI – 53005

Ph: (262) 790 –1600

ਵਾਹਿਗੁਰੂ ਜੀ ਕਾ ਖਾਲਸਾ

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ਵਾਹਿਗੁਰੂ ਜੀ ਕੀ ਫੌਜਿਹ

http://welcome.to/srsonline

MEMBERSHIP FORM

Full Name: (Please Print) _____

Home Address: _____

Home Telephone: _____ Email: _____

Profession: _____

Business Address: _____

University, College or School: _____

If Student, Your Field of Study: _____

Married: Yes ___ No ___ Sex: Male ___ Female ___

Name of Spouse: _____

Profession: _____

Lawful Resident of Wisconsin? Yes ___ No ___

If Yes, Status: Immigrant ___ Citizen ___ Student ___

Information of Children: (if Any)

Name	Age	Sex	Other Info.
1)			
2)			
3)			
4)			

What program would you like to see SRS develop for your child?

(Continue on back if necessary)

Signature: _____ Date: _____

Note: SRS Membership Fee is \$30.00 per family (Adult)
Students \$20.00 Single \$20.00

For Office Use Only

Check # _____ Cash _____ Receipt # for Membership _____

Amount Received _____ Date _____ Membership # _____

Approved by: Secretary/Treasurer _____

President _____