



PHOTO

INDIAN OVERSEAS CONGRESS, USA.

Membership Application

Name: _____

First

Last

Address Line: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email ID: _____ Citizenship : ☐ USA ☐ Indian

Indian Voter ID (Optional): _____ Birthday: Month ____ Day: ____

Preferred Regional Chapter Affiliation (Eg: Karnataka, Punjab): _____

Address In India (Optional): _____

City: _____ State: _____

M.L.A Constituency: _____ M.P Constituency: _____

Membership Category:

Category (Check One Box)	Membership Fee	Membership Application for Calendar Year
<input type="checkbox"/> Life Membership	\$100.00	
<input type="checkbox"/> Five Year Membership	\$50.00	Five Year Renewal
<input type="checkbox"/> Two Year Membership	\$20.00	Two Year Renewal

Payment Category: ☐ Cash ☐ Check ☐ Card

Name(As it appears on the credit card)	
Type (Circle One)	VISA / MC / AMEX / Discover / Other
Card # :	
CCV # :	
Expiration Date :	

Areas of Interest: _____

Applicant Referred By: _____

Applicants Signature: _____ Date: _____

PS: Confirmation of Membership Number will be sent via email or text message

FOR IOC INTERNAL USE ONLY

Ref#: _____

Approved By: _____ Signature: _____ Date: _____

www.INCOverseas.org

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