FOBANA®

Federation Of Bangladeshi Associations in North America (FOBANA)

www.fobanaonline.com

MEMBERSHIP FORM

1 Fill in the form 2 Print it. 3 Mail it with payment (or pay online)

Please check: ☐ New ☐ Renewal Membership Year: _____

Membership Fee: $50.00 ☐ ☐ Donation: _____

Organization Name: _____

President: _____ Phone: _____

Secretary: _____ Phone: _____

Treasurer: _____ Phone: _____

Mailing Address of the Organization:

Street: _____

City: …… State: …… Zip: ……..

Contact Phone: …… E-mail: ……

Requirements:

1. Membership fee must be paid annually before November 30, and the fee is non-refundable.
2. Donation paid to FOBANA is Tax Deductible to the maximum allowed by law.
3. New Organization registering with the FOBANA for membership for the first time must provide the following documents:
   - Copy of State Registration Certificate
   - Copy of Organization's Constitution, and
   - List of elected Executive Committee members

Please make your check payable to "FOBANA" and mail it to:

Treasurer, FOBANA
15527 Wyandotte ST
Van Nuys, CA 91406
Attn: Masud Chowdhury

Ph. (818)-730-1020 email: masudchowdhury@sbcglobal.net

FOR OFFICE USE ONLY (Please do not write below this line)

Membership Fee: $_____ Donation: $ _____ Check#: _____ Drawn on: _____

Signed by:_____ Date Received: _____