



INDIA CENTER OF WESTCHESTER, INC.

116 S Central Ave, 2nd Floor, Elmsford, NY 10523

TEL: (914) 418-5775

E-mail: info@indiacenter.us Web: www.indiacenter.us

MEMBERSHIP FORM 2019

President
Sumita Bhattacharya

President-Elect
Amita Ajmera

Vice President
Arvind Padhmanabhan

Secretary
Kanwal Sharma

Associate Secretary
Munish Kapur

Treasurer
Usha Kapoor

Associate Treasurer
Jagruti Patel

Immediate Past President(s)
Siddhartha Basu
Dr. Lekha Mettu

Accountant
Padmanabhan Nagaraj

**Non-Profit Organization,
IRC 501 C (3)**

Tax I.D #: 13-3928401

I / We would like to sign up for membership (New/Renewal) with INDIA CENTER OF WESTCHESTER, INC (Select ONLY one)

() Life Membership..... \$1,000

() Upgrade to Life from Annual Membership..... \$880

() Annual Membership..... \$120

Details: Check No: _____ **Date:** __ / __ / ____ **OR** [] **Cash**
Please make your check payable to: **India Center of Westchester, Inc.**

PART 1 - MEMBERSHIP INFORMATION

Membership is for your family, including dependent children and parents

Last Name: _____

First Name: _____

Spouse's Last Name: _____

Spouse's First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email/s: _____

[] **Change of Address (For Current or Renewing Members)**

PART 2 – CONSENT AGREEMENT (MEMBERSHIP NOT VALID UNTIL SIGNED)

I/We give consent to India Center of Westchester, Inc. ("IC") to use our family's photograph taken in connection with membership events and activities for any IC purpose including, but not limited to, use in publications, video and audio productions, advertising and promotional materials, or other media. I release IC from any and all liability that may arise in connection with such use.

I/We hereby release, hold-harmless and waive any and all claims associated with membership activities and events which I may have against India Center of Westchester, its employees, officers, directors, agents, volunteers and members.

Signature _____ Date: _____

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PART 3 – REGISTRATION INFORMATION FOR YOUR CHILDREN FOR CLASSES

1/Student's Name: _____

Teacher's Name: _____

Class Details: _____

Session (Fall / Spring) _____

2/Student's Name: _____

Teacher's Name: _____

Class Details: _____

Session (Fall / Spring) _____

3/Student's Name: _____

Teacher's Name: _____

Class Details: _____

Session (Fall / Spring) _____

Donations are tax deductible to the extent allowable by law. Please consult your tax advisor. Annual Membership is not refundable. Life membership is not refundable after 30 days. Any refund is subject to 10% fee for recordkeeping expenses. If your check is bounced, there will be a \$30 service charge.

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