LEVA PATIDAR SAMAJ OF HOUSTON

14575 North Freeway Houston, TX 77090

Website: www.lpsh.org **Email: bod@lpsh.org**

[A Non-Profit Tax-Exempt Organization, IRS 501-C-3]

MEMBERSHIP APPLICATION – 2023

** please completely filled this application, so we can update your information in our LPSH Membership Database**

[ ] Renewal	[ ] New Member

[ ]: Single Unmarried Membership $110
[ ]: Family Membership $220.00
[ ]: Senior Membership Age 65 & over up-to 2 person $110.00

Member's Name:	Spouse Name:	
Father's Name:	Spouse Father's Name:	
Mother's Name:	Spouse Mother's Name:	
Village:	Spouse Village:	
Child1:	C1 Birthday:	Married:
Child2:	C2 Birthday:	Married:
Child3:	C3 Birthday:	Married:
Child4:	C4 Birthday:	Married:

Address:		
City:	State:	Zip:

Contact Information:	
Member's Email:	Spouse Email:
Member's Cell Phone:	Spouse Cell Phone:
Youth Alternate Email:	

Disclosure & Waiver: By signing this application for the membership of LPSH, the member(s) agrees to abide by the LPSH Constitution Articles, Bylaws, Rules Regulations and Board Resolutions, whether currently in force or subsequently adopted. Further, the member(s) hereby voluntarily relinquishes the right to hold the LPSH, its officers and/ or its volunteers liable for any act or omission that may result in either legal or moral accountability, whether or not financial in nature, thereby waiving the right to any legal remedy that may otherwise be available at law or in equity. Additionally, with regards to any and all programs sponsored by the LPSH (which includes religious ceremonies and festivities), the members(s) agrees to, without dispute, not only honor, respect, dignify the schedule event, but also to heed and comply with any ritual (including religious observance) as directed by LPSH officer(s) and/ or person(s) to whom such authority has been delegated by some / all of the LPSH officers. Member(s) fully understand and acknowledge that any violation of the terms contained herein shall be regarded as good cause for removal from the particular event, and may also result in suspension, temporary and/ or permanent of the LPSH membership.

Members Signature: _____ Date: _____

Received By: _____ Member Number: _____
Amount Paid: _____
Check# _____ Cash [ ]