



# Jain Center of Greater Phoenix

PO Box 64221  
Phoenix AZ 85082

## Membership Form

First Name: MR/MS _____
Last Name: _____
Street: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Home Phone: _____ Work Phone: _____
Profession: _____

Spouse's First Name: MR/MS _____
Spouse's Last Name: _____
Spouse's E-mail: _____
Profession: _____ Work Phone: _____
Children's Names: _____

Membership Type: <input type="checkbox"/> Life Membership - \$251 <input type="checkbox"/> Annual Membership - \$25 (Calendar Year)
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Signature: _____ Date: _____
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**Jain Center of Greater Phoenix** runs with the support of your membership and donations. Please mail this form along with check payable to '**Jain Center of Greater Phoenix**' at the above address.

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