

**NEW MEMBERSHIP/ MEMBERSHIP RENEWAL FORM**

I/We, \_\_\_\_\_ extend my/our support to Sanskriti, and affirm to be a member/s for the year 2010. Enclosed, is my/our Annual Membership/Membership Renewal Fee of \$\_\_\_\_\_.

Please check the appropriate box:

- Family : \$115
- Single : \$65
- Student Family : \$30
- Single Student : \$20

Please make your check payable to **SANSKRITI**

**Name:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_

**Children's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Return the Form with your check to :**

Dr. Biswendu Chaudhuri  
85 Shellridge Dr.  
East Amherst, NY 14051