GOAN ASSOCIATION of Hudson Valley

2010 MEMBERSHIP FORM

Please check one : **New Member [ ]** **Membership Renewal [ ]**

(Membership is $25 per year - based on Calendar year January 1 – December 31)

Last Name:_____**First Name:**_____**Middle Initial** _____

Address:_____

Home Phone: ( )_____ **Cell Phone: ( )**_____

Email Address: _____

Signature: _____

Household Profile

Name of Spouse: _____

Name of Children: _____ **Age:** _____

_____ **Age:** _____

_____ **Age:** _____

_____ **Age:** _____

Other Household members: _____

FAMILY MEMBERS INTEREST

Would you or your family members be interested in the following activities:

Event setup_____**Decoration** _____**Choir Singing**_____ **Music**_____
Share a Recipe _____**Photography** _____ **Cooking** _____ **Volunteer at events** ___

Please make check payable to "Goan Association of Hudson Valley" and mail completed form to:
C/o Mario Furtado, 6 Scofield Court, Peekskill, NY 10566