| **Ambedkarite Buddhist Association Of Texas**Tax Id –EIN: 47-4992578 | DLN: 26053713001106 | Exempt: 501(C)(3) | Charity: 509(a)(2 |
| --- |
| ABAT Membership Application |
| Applicant Information |
| Full Name: |
| Phone-Mobile: | Phone-Home (Optional): |
| Current Residential Address: |
| City: | State: | ZIP Code: |
| Country: USA | Email Address:  |
| Employment Information |
| Current employer (Optional): |
| Spouse Information if joint membership |
| Full Name  |
| Email Address: |
| Phone-Mobile: |
| References If Any (OPtional) |
| Name | Address | Phone |
|  |  |  |
|  |  |  |
| Children if membership privileges desired |
| Name: | Name |
| Name: | Name |
| Signatures |
| Signature of applicant: | Date: |
| Signature of spouse (only if for a joint membership): | Date: |
| Membership Fee |
|

|  |  |  |
| --- | --- | --- |
| Individual: $15.00 /Month | Family: $30.00 / Month | Effective Date: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |

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| *Note: This fund will be utilized only for the ABAT activities pertaining to the organization through out the year and it’s tax deductible.*  |
| **ABAT Officials** |
| Name of the ABAT Member: | Accepted / Rejected |
| Signature of the ABAT Member: | Date: |

I(we) have provided my(our) above details to my(our) credit and now I(we), request you to consider my(our) membership for the Non-Profit ABAT Organization from this effective date. I abide all the rules and policies put forward by the organization.

Note:

Upon receipt of this membership application, payment details will be sent to you along with a welcome package that consists of Code of Ethical Principles and Standard, Bye-Laws, Article of Incorporations, etc.

Have questions about membership, contact us @214-282-5112 or contactabatdallas@gmail.com