| **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: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | | | |
| *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