



Brahmin Samaj (society) of Ontario

116-10 Gillingham Drive, Suite # 478
Brampton ON L6X 5AF

Email- brahmin.samaj@yahoo.ca
www.brahminsamajontario.org



MEMBERSHIP TYPE		
<input type="checkbox"/> Family Membership \$ 30 per year <input type="checkbox"/> Single Membership \$ 20 per year <input type="checkbox"/> Senior Member Registration		
APPLICANT		
Name:		
Email address:	Home Phone:	Cell Phone:
Current address:		
City:	Province:	Postal Code:
SPOUSE (IF APPLICABLE)		
Name:		
CHILDREN (IF APPLICABLE)		
Name:	Age:	
Name:	Age:	
Name:	Age:	
Name:	Age:	
Name:	Age:	
PARENTS (IF APPLICABLE)		
Father Name:		
Mother Name:		
DISCLOSURE & WAIVER		
<p>By signing this application for membership of Brahmin Samaj (society) of Ontario (herein after referred as BSO), the applicant(s) agree to abide by the BSO Constitution, Articles, Bylaws, Rules Regulations and Resolutions, whether currently in force or subsequently adopted. Further, the applicant(s) hereby voluntarily relinquishes the right to hold BSO, its officers and/or its volunteers liable for any act or omission that may result in either legal or moral accountability, whether or not financial in nature, thereby waiving the right to any legal remedy that may otherwise be available at law or in equity. Additionally, with regards to any and all programs sponsored by BSO (which includes religious ceremonies and festivals), the applicant(s) agrees to, without dispute, not only honor, respect, dignify the scheduled event, but also to heed and comply with any ritual (including religious observance) as directed by BSO executives and/or person(s) to whom such authority has been delegated by some/all of BSO committee members. Applicant fully understands and acknowledges that any violation of the terms contained herein shall be regarded as good cause for removal from the particular event, and may also result in suspension, temporary and/or permanent loss of BSO membership.</p> <p><input type="checkbox"/> I want to opt out from Samaj Directory</p>		
Signature of applicant:		Date:
Signature of spouse (if applicable):		Date:
[For BSO Internal Use Only]		
Membership Year:	Payment Received:	