



BENGAL CLUB OF ATLANTIC CITY, NJ

ESTD 2000

General Membership Registration Form

Date: _____

PERSONAL INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____

Gender: Male Female Other

Address: _____

Phone Number: _____

Email Address: _____

MEMBERSHIP DETAILS

Type of Membership: Individual Family Student Senior

Membership Fee: _____

Preferred Communication: Email Phone Mail

EMERGENCY CONTACT

Name: _____

Phone: _____

Relationship: _____

VOLUNTEER INTERESTS (Optional)

Event Planning Cultural Programs Fundraising

Community Service Other: _____

DECLARATION

I hereby apply for membership in Bengal Club of Atlantic City, NJ and agree to abide by its rules and regulations.

Signature: _____ Date: ____ / ____ / ____

FOR OFFICE USE ONLY

Membership ID: _____

Received By: _____

Date: ____ / ____ / ____

Payment Method: Cash Check Card