



JAIN TEMPLE OF VIRGINIA

BLESSED 24-7 JAINISM, INC

www.jaintempleva.org

Application for Membership or Donation

Name : _____ Profession _____
(Last) (First)

Spouse : _____ Profession _____
(Last) (First)

Street Address : _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Spouse Cell: _____

Email Address_(1) _____ (2) _____

Details of Unmarried Children (Below 25) & Parents

Type of Membership

1) Son/Daughter _____ Birth Year _____

2) Son/Daughter _____ Birth Year _____

3) Father/Mother _____ Birth Year _____

4) Father/Mother _____ Birth Year _____

Annual \$276 (1 year)

Life \$500

Priority \$50,000 -Voting

1) Please make a check in the name of JAIN TEMPLE OF VIRGINIA
2) Any members, any sponsors and/or JTVA are not responsible for any injury of any kind, any damages, loss of personal property or any kind of liabilities resulting from participation JTVA Programs (on or offsite) or in the temple building.
3) Jain Temple of Virginia is a Tax Exempt Organization under IRS 501(c) (3) .
4) Please send email at contact@jaintempleva.org for making payment by credit card ,direct Bank debit or Paypal.

Member Signature: _____ Date: _____

Send Complete form to: Jain Temple of Virginia Membership Committee 3656 Centerview Dr Unit 5 Chantilly, VA - 20151	Office Use Only: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash _____ Received by _____ Date: _____ Membership ID _____ Date: _____
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