



Garden State Cultural Association

(A Non-Profit and Tax-Exempt Organization)

P.O. Box 308
Scotch Plains, New Jersey 07076-0308
Website: www.gsca.us

MEMBERSHIP APPLICATION

(Please Print) Member #1

Name: Mr. / Ms. /Mrs. _____

Address: _____

City: _____ State _____ ZIP _____

Telephone: _____ E-Mail: _____

Signature / Date : _____

(Please Print) Member #2 – Spouse

Name: Mrs. _____

Telephone: _____ E-Mail: _____

Signature / Date : _____

(Please put initials for 1 – 4 below on each line)

	Member #1	Member #2
1. I agree to abide by the By-Laws of GSCA	_____	_____
2. I agree to abide by the Policy & Procedures of GSCA	_____	_____
3. I agree to actively participate in GSCA activities	_____	_____
4. I agree to pay membership dues on time	_____	_____

Referred By GSCA Member (Name/Signature/Date) : _____

Referred By GSCA Member (Name/Signature/Date): _____

Membership Fee per Year: Single - \$60 Couple - \$120

Application was approved by BOT (Date) : _____