



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 - \$75 Couple - \$150

Application was approved by BOT (Date) : _____