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## MEMBERSHIP APPLICATION FORM

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First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (     )     -     (Home) / (     )     -     (Mobile)

Email Address: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ Country: \_\_\_\_\_

### Navar Ceremony

Name of the Atash Behram/Agiary where ordained: \_\_\_\_\_

Date: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

### Martab Ceremony

Name of the Atash Behram/Agiary where ordained: \_\_\_\_\_

Date: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Type of Membership desired (Select One)

Adult (   ) \$25.00   Student (   ) \$5.00   Life Membership \$300 (   )

**Please make your check payable to "NAMC" and Mail to:**

**NAMC Treasurer**  
**Ervad. Xerxes Madan**  
33-2550 Thomas Street  
Mississauga, Ontario  
L5M 5N8, Canada