



ARAMGAH MEMORIAL GARDEN FOUNDATION

P.O. Box 67 Wynnewood, PA 19096

MEMBERSHIP APPLICATION

Date:

I hereby apply for a (Please check one):

- Regular Membership*
 Associate Membership

I acknowledge that (Please check one):

- I am an Iranian (or of Iranian origin)*
 I am a Muslim

Preference of lot locations(s):

- Islamic Garden*
 Persian Garden

Enclose is a check in the amount of \$.00 for the membership fee and purchase of lot(s) from Aramgah (Please clarify, if your check includes any amount of donation: \$.00

Please fill all the following fields, sign and date:

Full Name:

Home Telephone: () - -
Cell Phone () - -

Spouse Last Name, (to be on certificate) **if different from above.**

Address:

Street:

City: State: Zip Code:

e-mail Address:

Applicant signature:

Date:

For more information please refer to the Aramgah's web site: www.aramgah.org