



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:

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:** \_\_\_\_\_

For more information please refer to the Aramgah's web site [www.aramgah.org](http://www.aramgah.org)