



WAPIZ
APPLICATION FOR MEMBERSHIP

Sr. No.: _____

Date : _____

Coloured
Passport
size
photograph

The Secretary,
World Alliance of Parsi Irani Zarthoshtis.

Dear Sir,

I wish to become a member of World Alliance of Parsi Irani Zarthoshtis.

I agree to protect, uphold, defend, strengthen and promote the socio- religious traditions, culture, beliefs, practices, rights and interests of the Parsi and Irani Zarthoshtis.

I agree to abide by the Rules and Regulations of WAPIZ (available at www.wapiz.com).

Signature: _____

PLEASE USE CAPITAL LETTERS ONLY & TICK (✓) WHERE APPLICABLE

Title : Ervad / Dr. / Mr. / Mrs. / Miss.

Full Name: _____

First Name

Father's/Husband's Name

Surname

Date of Birth:

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sex: Male Female

Marital Status: Married Single

Blood Group :

Profession: _____

Father's Full Name: _____

Mother's Full Maiden Name : _____

Spouse's Full Maiden Name : (if applicable) _____

Address: _____

State _____ City _____ Pin _____ Country _____

Phone: _____ E-mail: _____

Name of Anjuman / Association you belong to (if any) : _____

P.T.O.

WAPIZ

Uniting Parsi Irani Zarthoshtis Across The Globe

PLEASE SEND YOUR APPLICATION FORM TO:

WAPIZ, Framjee Cawasjee Institute, 1st Floor,
Opp. Metro Cinema, Dhobi Talao, Mumbai 400 002.
Tel. : 91 6520 4177
or to your Area Representative

For further information regarding Area Representatives, contact

Anahita : (+91) 98202 84196
Tannaz : (+91) 98193 47700

e-mail: wapiz@wapiz.com

CATEGORY OF MEMBERSHIP APPLIED FOR (Please ✓ where applicable):

- Annual (Rs. 50) • Life (Rs. 500) • Patron (Rs. 50,000)
• Student (upto 18 years free)

Payment by Cash Cheque

Cheque No. _____ Name of Bank _____

(Cheque to be drawn in favour of WAPIZ)

<u>FOREIGN SUBSCRIPTIONS WILL BE RECEIVED IN</u>			
<u>Pounds Sterling</u>		<u>USD</u>	
£		Annual	\$ 20
£		Life	\$ 200
£		Patron	\$ 2000
<hr/>			
<u>Iranian Tomans</u>			
Annual	1,000	Tomans	
Life	10,000	Tomans	
Patron	1,00,000	Tomans	

ACKNOWLEDGEMENT
(To be filled in by Applicant)

Sr. No. _____

Received from Ervad / Dr. / Mr. / Mrs. / Miss. _____

Rs./\$ /£/T _____ (in figures) _____ (in words) by Cash / Cheque No / DD

_____ Bank: _____ towards membership of WAPIZ,

(subject to acceptance of membership).

Receiver's Signature _____