



FOBANA®

Federation of Bangladeshi Associations in North America (FOBANA)

www.fobana.info

MEMBERSHIP FORM - 2024-25

- 1** Fill in the form **2** Print it **3** Mail it with payment (or pay online)

Or complete the membership form online using the link: <https://fobanacentral.org/membership-form-details/>

Please check: [] new [] Renewal Membership Year: 2024-25

[] Membership Fee: \$100.00 [] Host Registration Fee: \$200

[] Donation: \$_____

Name of Organization: _____

Organization Mailing Address: _____

Contact Name: _____

Contact Phone Number: _____

Email Address: _____

Website (Optional): _____

Facebook ID: _____

Term of Exec Committee (Start to End): _____

Name, address, phone number and email of 3 executives:

President/ Chairperson:

Name: _____

Address: _____

Phone number: _____

Email Address: _____

Vice President/ Vice-chairperson:

Name: _____

Address: _____

Phone number: _____

Email Address: _____

Executive / General Secretary:

Name: _____

Address: _____

Phone number: _____

Email Address: _____

Treasurer/ Finance Secretary

Name: _____

Address: _____

Phone number: _____

Email Address: _____

Requirement

- 1. Membership fee (\$100.00) must be paid before August 15, 2024, and it's non-refundable.
A penalty of \$50 will be added to any late payments made by August 15, 2023
- 2. For FOBANA Membership please
 - a. Complete the membership form
 - b. Pay the Membership Fee

Please pay the membership fee via PayPal by scanning the QR code below or visit
www.fobanacentral.org/Online Payment



www.paypal.com/donate/?hosted_button_id=NTX7ADDM2WMTN

You may pay by check payable to "FOBANA" and mail to:

Treasurer, FOBANA (Attn: SM Lotifur Reza Tushar)
1638 Carter Dr, Apartment D
Arlington, TX 76010
Ph: 817-217-1042; Email: nill.pahar@gmail.com

All information included in this form is true and accurate. By signing this form, I am responsible if any false information submitted. Action will be taken as per the Operating Procedure and Bylaws and may result in the disqualification of membership of your organization.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

For office use only: (please do not write below this line)

Membership fee: \$_____ Donation: \$_____ Check #: _____ Draw on: _____

Signed By: _____

Date Received: _____