



The World Zoroastrian Organisation

World Zoroastrian House, 5 Hanworth Road, Feltham. TW13 5AF

Charity No 1023334

Website www.w-z-o.org

To The Joint Honorary Secretaries
THE WORLD ZOROASTRIAN ORGANISATION

_____20_____

Dear Sirs,

I wish to become Grand Patron / Patron / Life Member / Ordinary Member / Family / Student / Friend of WZO, (Please circle as appropriate).

Qualification for membership of Individuals under Article 9(1) of WZO's Articles of Association states:
"All Zoroastrians and their spouses and children."

Please read the statement below and then tick one the option that follow.

- I/We confirm that the above definition of Membership applies to me/us.
- I confirm that I do not qualify under Article 9(1) and would like to be a Friend of WZO.

I note that the annual subscription for Ordinary membership is payable on the 1st of January in each year. In case of arrears, I understand that my membership will be terminated 3 months after a reminder has been sent.

I agree to abide by the current Articles of Association.

Yours truly

.....
(Signature)

NOTES:

1. The proposer and seconder must be WZO members.
2. Subscription Fees:

Grand Patron	PRs 10,000 one off	Patron	PRs 6,000 one off
Life	PRs 4,000 one off	Family	PRs 7,000 one off
Student	Nil up to the age of 25	Friends of WZO (Life)	PRs 4,000 one off
3. Family membership includes the primary member, his/her spouse and all children under the age of 18 living at the same address. The children will not have voting rights. All communications will be sent to the primary member. Please list all secondary members on the reverse sheet.
4. Friends of WZO membership is for those interested in Zoroastrianism and WZO, but do not qualify under Article 9 (1) stated above. They will enjoy all the benefits of full membership except for voting rights and receipt of the Zoroastrian calendar.
5. Students qualify for free membership only if they are in full-time education and are under 25.

NB Please send your completed Application Form with your check payable to WZO, Mrs Toxy Cowasjee, 2A Mary Road, Bath Island, Karachi 75530. Pakistan.

P.T.O.



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Block Capitals Please FULL NAME:.....

PROFESSION / OCCUPATION.....

If Student, please give date of birth.....Email Address.....

ADDRESS: (IN COUNTRY OF RESIDENCE).....

TEL. NOs: (Home).....(Office).....(Mobile).....

Proposed by:..... Seconded by:.....

Please note, we will send all our communications, including the Hamazor, electronically in order to use more of our revenues on our charitable activities.

For Family Membership applications, please give details below of the Secondary members.

<u>Full names of Secondary members</u>	<u>Date of birth</u> (of all children, who must be under 18)	<u>Relationship to Primary member</u>
.....		Wife / Husband
.....	Son / Daughter
.....	Son / Daughter
.....	Son / Daughter
.....	Son / Daughter

----- For Office Use Only -----

<u>Date</u>	<u>Amount Received</u>	<u>Date of Membership</u>	<u>Register of Members</u>	<u>Mailing List</u>

May 2018