



The World Zoroastrian Organisation

The World Zoroastrian Organisation

World Zoroastrian House, 1 Freddie Mercury Close, Feltham. TW13 5DF

Charity No 1023334

Website www.w-z-o.org

To The Joint Honorary Secretaries _____20_____
THE WORLD ZOROASTRIAN ORGANISATION

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	C \$ 1,200 one off	Patron	C \$ 600 one off
Life	C \$ 300 one off	Ordinary Member	C \$ 30 per annum
Family	C \$ 500 one off	Ordinary (3 Years)	C \$ 80 every three years
Student	Nil up to the age of 25		
Friends of WZO	C \$ 30 per annum	Friends of WZO (Life)	C \$ 300 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 Canada" to:
President, WZO Canada, 16 Dallimore Circle, Suite 703, Toronto, Ontario. M3C 4C4. 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>