



# ZANT Membership Form

(Nov. 1, 2020 to Oct. 31, 2021)



To avoid misspelling of names please print all the information on this form clearly.

Family Name: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address) (Apt #) (City) (State) (Zip)

Please list names of members/children and provide any additional information (for "Age Range", please specify, <35 or 35-65 or >65):

Member's Name	Age Range

Children's Name	Age

- ZANT members may access the Zoroastrian Center of North Texas (ZCNT) by card key. Please read Card Key Access Form on our website [zant.org](http://zant.org) for details.
- Donations to ZANT Center Operations and Maintenance Fund (ZOMF) may also be included. Please read the ZOMF Pledge Form card key and other details, including free ZCNT rental on our website [zant.org](http://zant.org).
- ZANT Newsletters are delivered by email or accessible from the ZANT website. *If you prefer a newsletter mailed to your home, please add a \$25 annual fee.*
- Please complete this form (and ZCNT card key liability form if requesting a card key) and mail the form(s) with your check to ZANT, 1605 Lopo Road, Flower Mound, TX 75028-1306

### Membership rates per person:

Annual Membership (@ \$50)	\$ _____	ZCNT Card Key (@\$50)	\$ _____
Student Membership (19 yrs. & older) (@ \$25)	\$ _____	ZOMF Donation	\$ _____
Senior Citizen Membership (65 yrs. & older) (@ \$25)	\$ _____	General Fund Donation	\$ _____
Life Membership (@ \$1,500)	\$ _____		_____
<b>Subtotal</b>	<b>\$ _____</b>		

**CHECK #** \_\_\_\_\_ **TOTAL** \$ \_\_\_\_\_

For the purposes of membership in this Association a Zoroastrian shall be defined as: A person who is a believer and a follower of the religion as propounded by Zarathustra and one who has been initiated in the religion in accordance with the customs and religious practices followed in the community in which he or she currently or previously resided.

Regular & Life Membership is open to all Zarathushtis and their spouses over 18 years of age.

I certify that I meet the above membership requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_