

Bangladeshi American Organization of Central Virginia
(BAOCV)

Become a member of BAOCV, participate in our activities and meet other Bangladeshi people

Membership Form
(For Individual Use Only)

New Membership Form

Name: _____

Spouse: _____

Children: 1. _____

2. _____

3. _____

4. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____ E-mail: _____

Your Interest (optional): _____

Membership Fee: \$5/year Donation: _____

I hereby pledge to abide by and uphold the constitution and by-laws of BAOCV. I also pledge to carry out my duties and obligations to the organization and help it prosper in becoming a unifying force for Bangladeshis living in central Virginia. I hereby express my assertion that I believe in the liberation war and the creation of Bangladesh.

Signature: _____ Date: _____

Please fill out this form and mail it with your membership fee to:

BAOCV
P.O. Box 6144
Glen Allen, VA 23058

FOR OFFICE USE ONLY

Membership Type: General Associate Honorary Life

Received by: _____ Signature: _____ Date: _____