

VPA West Membership Form

First Name:	<input type="text"/>	Last Name:	<input type="text"/>	
Address:	<input type="text"/>			
City:	<input type="text"/>	State:	<input type="text"/>	Zip:
Phone:	<input type="text"/>		Email: <input type="text"/>	
Spouse Name:	<input type="text"/>	Age	<input type="text"/>	
Child 1:	<input type="text"/>	<input type="text"/>	Membership Type	Amount Enclosed
Child 2:	<input type="text"/>	<input type="text"/>	Single <input type="radio"/>	\$20.00 <input type="checkbox"/>
Child 3:	<input type="text"/>	<input type="text"/>	Family <input type="radio"/>	\$40.00 <input type="checkbox"/>
Child 4:	<input type="text"/>	<input type="text"/>	Life <input type="radio"/>	\$500.00 <input type="checkbox"/>
Child 5:	<input type="text"/>	<input type="text"/>	Patron <input type="radio"/>	\$1,000.00 <input type="checkbox"/>
			Grand Patron <input type="radio"/>	\$5,000.00 <input type="checkbox"/>
			Other \$	<input type="text"/>

Note: Life membership fee can be paid in 4 installments of \$125.00 over a period of one year.

Please type in Comments or Suggestions

Submitting the Membership Form:

1. Please complete this **form**.
2. Enclose a **check** for the required amount payable to **VPA-West**
3. Mail the **form** and the **check** to the following address.

VPA-West
Mr. Prakash Doddabele
21694 Olive Avenue
Cupertino CA 95014

Phone: 408-416-3484

PS: VPA non-profit organization Tax ID: 31-1529941