

ARAMGAH MEMORIAL GARDEN FOUNDATION

*P.O. Box 67 Wynnewood, PA 19096*

**MEMBERSHIP APPLICATION**

Date: [redacted]

I hereby apply for a (Please check one):

- Regular Membership*
- Associate Membership*

I acknowledge that (Please check one):

- I am an Iranian (or of Iranian origin)*
- I am a Muslim*

Preference of lot locations(s):

- Islamic Garden*
- Persian Garden*

Enclose is a check in the amount of \$ [redacted] for the membership fee and purchase of [redacted] lot(s) from Aramgah (Please clarify, if your check includes any amount as donation: \$ [redacted])

Please fill all the following fields, sign and date:

Name: [redacted] Hom Telephone: ( [redacted] ) - [redacted]  
[redacted] Cell Phone ( [redacted] ) - [redacted]  
[redacted] Additional Phone ( [redacted] ) - [redacted]

Address:  
Street [redacted]

City: [redacted] State: [redacted] Zip Code [redacted]

e-mail Address: [redacted]

For more information please refer to the Aramgah's web site [www.aramgah.org](http://www.aramgah.org)