



CANADIAN HINDU FOUNDATION

Membership Form

Know the Reality of the world & the Supreme-Self

www.chfsight.ca Email: - info@chfsight.ca

I would like to become member of the Canadian Hindu Foundation- Canada.

My personal details are as follows:

Full Name (Surname, First Name):

Address:

City: Province: CANADA

Phone #: Fax: Email:

Occupation (optional):

I have read the attached fact sheet of the Canadian Hindu Foundation.

I fully endorse the basic principles and philosophy of C.H.F and pledge that I always work for the promotion of the cause.

Type of membership chosen:

Yearly: December 2020 to December 2021

Life membership: Yes / No

My subscription of \$ _____ as donation is enclosed herewith

Cash: Credit card # Cheque No.

I undertake to recommend as many people as possible for the membership (not less than 11) for the growth of the C.H.F.

I can contribution to the Canadian Hindu Foundation by _____

I have chosen not to become member of Canadian Hindu Foundation now but I like to donate \$

FOR OFFICE USE

Form Received on:

Membership granted:

Membership Refused:

REMARKS OF THE DIRECTOR RECEIVING THE C.H.F FORM