



SASTA

SRI AYYAPPA SOCIETY OF TAMPA INC.

6829 MAPLE LANE TAMPA FL 33610
www.swamysharanam.org
Contact: 813.618.7278
Tax ID: 59-3682469

BENEFACTORS MEMBERSHIP

APPLICANT INFORMATION

Member First Name: _____ Member Last Name: _____

Mailing address

Street Name: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Phone: _____ Do you want a Life Membership? YES NO

FAMILY INFORMATION

First Name, Last Name	Mailing address	Relationship	Email

MEMBERSHIP INFORMATION

- Membership value: \$250,001 and above.
- Membership fee payable during any aggregated 12 month period.
- Referred to as Benefactors of Sri Ayyappa Temple of Tampa Inc.
- Patron Name displayed on plaque and Temple Name Board.
- Participate in the SASTA Annual General Body Meeting.
- Eligible to participate in the SASTA General Body Elections.

SIGNATURE

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant: _____

Date: _____

PAYMENT OPTIONS (FOR OFFICE USE ONLY)

PAYMENT MODE:

CHECK #: _____ CASH CREDIT CARD

AMOUNT: _____	RECEIPT NO: _____	DATE: _____
SIGNATURE OF AUTHORIZED PERSON: _____		DATE: _____

APPLICATION FORM