



# SASTA

**SRI AYYAPPA SOCIETY OF TAMPA INC.**

6829 MAPLE LANE TAMPA FL 33610

[www.swamysharanam.org](http://www.swamysharanam.org)

Contact: 813.618.7278

Tax ID: 59-3682469

## PATRON 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: \$20,000 and above.
- Membership fee payable during any aggregated 12 month period.
- Referred to as a Patron of Sri Ayyappa Temple of Tampa Inc.
- 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