



ARAMGAH MEMORIAL GARDEN FOUNDATION  
P.O. Box 67 Wynnwood, PA 19096  
**MEMBERSHIP APPLICATION**

Date: \_\_\_\_\_

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\*:

Islamic Garden

Persian Garden

Enclose is a check in the amount of \$ \_\_\_\_\_ .00 for the membership fee and purchase of \_\_\_\_\_ lot(s) from Aramgah (Please clarify, if your check includes any amount of donation): \$ \_\_\_\_\_ .00)

**Please complete the following:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse Last Name, to be on certificate if different from above: ( \_\_\_\_\_ )

**Address:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**e-Mail address:**

Signature \_\_\_\_\_

For more information please visit Aramgah web at: [www.aramgah.net](http://www.aramgah.net) or contact with any of Aramgah's Trustee members listed at Aramgah website