

Indian Diaspora Council, Inc. Membership Application Form

Name:	Title:		
Company or Organiz	ation (Optional):		
Address:			
Address:			
City	State/Province	Postal Code	
Country	Tel (H)	Tel (W)	
E-mail:	Cell/Mobile		
f		y	
☐ Annual Fee-Control Payment options (Allow By check and On-line at www Email complete Declaration: Applicate Diaspora Council bylause. Applicant agrees Diaspora Council which is the Payment of Annual Fee-Control Payment options (Allow Payment option	mail to: Indian Diaspora Councilw.IndianDiasporaCouncil/Membe ed form to Membership@IndianDut declares that she/he is of goodaws, policies and procedures who not make public any information ich is confidential to members.	DiasporaCouncil.org I moral character and agrees to contich are current and revised from the title with regard to the internal matter applicant agrees that all members.	nization: \$500. USD l, Inc): 11365 USA mply with all Indian me to time, and to rs of the Indian are volunteers and
can commit Indian Di		affiliates are on a voluntary basis o any project or financial obligation	
		by Indian Diaspora Council. Men proval by Indian Diaspora Counci	
Signature of Applicant		Date	_
Approval by (Indian Diaspora Cou	ncil, Inc.)	Date	
	,	and non-political non-profit organ	nization in USA.