



Vedant Society of Arkansas

Membership and Survey Form

Dr. Mr. Mrs. Ms. Other

Name _____ Spouse's name _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Email Address _____

Phone # _____ Home town and state in India _____

Children:	Name	M/F	Age
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Annual Membership Fee: **\$ 50 for Family**
 \$25 for Single or Student
 (Your support is tax deductible to the extent allowed by IRS)

Please make checks payable to VSA and mail along with your completed form to:

**VSA
PO BOX 25835
Little Rock, AR 72221-5835**

Mark all activities that your family would like to participate/Volunteer at the Vedant Cultural Center

- | | | |
|---|---|--|
| <input type="checkbox"/> Host monthly pooja | <input type="checkbox"/> Presentations in pooja | <input type="checkbox"/> Teach Sunday classes for kids |
| <input type="checkbox"/> Attend Sunday classes for kids | <input type="checkbox"/> Gita and spiritual discussions | <input type="checkbox"/> Yoga classes |
| <input type="checkbox"/> Hindi classes | <input type="checkbox"/> Tabla & Harmonium classes | <input type="checkbox"/> Classical dance classes |
| <input type="checkbox"/> Classical music classes | <input type="checkbox"/> Dinner and movie evening | <input type="checkbox"/> Cooking classes |
| <input type="checkbox"/> Games (Volleyball, Table Tennis, Tennis) | | <input type="checkbox"/> Cleaning and maintenance |

Suggestions for additional activities at the Vedant Cultural Center
