



**Membership Form**      Email : [theiargv@gmail.com](mailto:theiargv@gmail.com)

**Name:** \_\_\_\_\_

**Name of family members (only for family membership):**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Type of membership, select one:**

- a. Life Membership**
- b. Annual Membership (Individual or Family)**
- c. Student Annual Membership**

**Membership Dues:**

- a. Life Membership (Family) : \$500 \_\_\_\_\_
- b. Annual Membership Fee:  
Membership (Individual): \$25 \_\_\_\_ & Family Membership: \$50 \_\_\_\_
- c. Student Annual Membership: \$10 \_\_\_\_\_

Disclosure: Membership fee is non-refundable once paid.

**Please make the check payable to IARGV.      or Scan & Pay by Cashpay / Venmo**

Mail to: IARGV  
Attn: Shiby Varghese  
1204 Manzano St  
Edinburg, TX - 78539

CASHPAY



India Association  
Scan to pay Blarpe

India Association  
@iargv



**venmo**

Paid by Check\_\_Cashpay\_\_Venmo\_\_

Membership fee Payment enclosed: \_\_\_\_\_ Date Paid: \_\_\_\_\_