

Bosniaks Cultural Community of Southern California 132 Cherrybrook Ln, Irvine CA 92618 www.bosnjacijk.org

Membership Application Form			
Name (First & Last)			
Address (Number & Street)			
City	StateZip_		
Home Phone:	Work/Cell Ph	none:	Email:
Marital Status (Circle One):	Single	Married	
Spouse's Name (If applicable)			
Child's/Children's Name(s) (If applicable)			
Please enroll me (and family) a	as a member of I	Bosniaks Cultural Co	ommunity of Southern California, Incorporated.
Enclosed are membership due	es ¹ (Circle One):		
Monthly: \$20 \$25 \$30 \$35	\$40 \$50 or	Yearly: \$	
Signature:			Date:
OFFICE USE ONLY Paid by: Cash			
Check No:			
Receipt No:			
Approved by:			Date:

¹ Minimum recommended <u>monthly dues are \$30 per family (or \$360 annually</u>). BCCSC is a registered non-profit organization. All membership fees, donations and other contributions are tax deductible. BCCSC offers discount to retirees, students and those who are facing financial hardship. Please contact us for more details: dzemat2010@gmail.com.