

RAJPUT ASSOCIATION OF NORTH AMERICA (RANA)

A Non-Profit Organization

Instructions: Please provide all information requested. After carefully completing the form, please attach a check (\$ 300.00 - USD for life membership or \$ 50 - USD for annual membership) payable to RANA, and mail to:

Rajiv Singh, 59 Wild Azalea Lane, Skillman, NJ 08558

RANA Local Chapter Affiliation, if any

Raj@singhteam.com 732-648-1754

Section A: Information About Applicant -

Name:

Date of Birth: (Optional)

Address:

Rajput Sub-cast:

Telephone No:

Gotra:

Email:

Brief description of family bio-data as to origin in India - (MANDATORY FIELD)

Brief description of professional and educational achievements -

Section B: Information About Applicant's Spouse -

Name:

Date of Birth: (Optional)

Address:

Rajput Sub-cast:

Telephone No:

Gotra:

Brief description of family bio-data as to origin in India (MANDATORY FIELD):

Brief description of professional and educational achievements:

Section C: Information About Applicant's Children -

1. Name: _____ D.O.B. _____ Male/Female _____
Education: _____
Any significant educational, professional or/and extra curricular activities: _____

2. Name: _____ D.O.B. _____ Male/Female _____
Education: _____
Any significant educational, professional or/and extra curricular activities: _____

3. Name: _____ D.O.B. _____ Male/Female _____ Education: _____
Any significant educational, professional or/and extra curricular activities: _____

Section D: References - List at least two other Rajputs (must be RANA members) who have known you and your family: **(REQUIRED)**

1. Name: _____ Telephone No: _____
Address: _____

2. Name: _____ Telephone No: _____
Address: _____

Section E: General

How did you hear about RANA:

DECLARATION

I hereby solemnly declare that I am fully aware of the aims and objectives of RANA and in complete agreement with them. I will always work towards furthering the cause of the RAJPUTS, will cause no harm to the aims and objectives of RANA, and uphold the RANA Constitution. I have no objection to any additional verification that RANA may pursue to authenticate my application. I am aware that my membership is pending approval and acceptance by RANA National Executive Committee (herein after referred to as RANA). I further understand that RANA reserves the right to refuse membership to anyone without any obligation for providing reasons for such non-acceptance. Unless, the person signing this form specifies otherwise on this form, he/she agrees to have his/her address, phone number, information about children, and family bio-data published in the RANA membership list and the RANA Directory, which may be distributed/sold to members/non-members also. Such a request for not publishing personal information in the RANA publications may be made any time in writing. I further understand that having my name and related information published in the RANA Directory neither makes me a RANA member automatically nor does it entitle me to benefits and privileges accorded to the RANA members. I further understand that I agree not to hold RANA liable for any actions, events, happenings resulting from my becoming a RANA member. I have noted that all annual memberships expire on December 31 of each year. All membership fees in non-refundable. Knowingly providing false information on the application may subject me to expulsion from RANA at a later date, even after my application may have been approved for RANA membership. I also understand that the RANA Local Chapters are not constitutionally empowered to approve my membership application, and as such the membership check must be made in the name of 'RANA' and should be sent as such, either by the applying candidate or by the Local Chapter to the RANA NEC.

In true faith and with utmost sincerity, I hereby apply for membership to RANA.

Date (required)

Signature of Applicant (required)

ALL SECTIONS ON THIS FORM ARE MANDATORY. INCOMPLETE APPLICATION WILL NOT BE REVIEWED BY THE APPROVING COMMITTEE