



ARAMGAH MEMORIAL GARDEN FOUNDATION  
P.O. Box 67 Wynnewood, PA 19096  
**MEMBERSHIP APPLICATION**

Date: .....

I hereby apply for a (Please check one):

Regular Membership

Associate Membership

I acknowledge that (Please check one):

I am an Iranian (or of Iranian origin)

I am a Muslim

Preference of lot a burial space:

Islamic Garden

Persian Garden

Enclose is a check in the amount of \$ .....00 for the membership fee and purchase of ..... burial space from Aramgah (Please clarify, if your check includes any amount of donation): \$ .....00

Please complete the following:

Name:

Signature

Date:

Home Telephone: ( ) -

Cell Phone ( ) -

**Spouse Last Name, to be on certificate if different from above.**

( )

**Address:**

Street

City:

State

Zip

e-mail Address:

**Allocated position lot number**

**Approved by:** Treasurer....., President.....

For more information please visit Aramgah web: [www.aramgah.net](http://www.aramgah.net)