



GUJARATI CULTURAL
ASSOCIATION OF PIEDMONT

GCAP Membership Application

Name: _____

Address: _____

Phone : _____ Cell: _____

E Mail: _____

	Member Full Name	Age
Parent		
Parent		
Child		
Child		
Others		

Consistent with my desire to take personal responsibility for my conduct, individually and as a member of GCAP, I agree to abide by the governing documents and policies of GCAP. I will refrain from any form of discrimination, harassment, derogatory, illegal, or unethical conduct. I release and discharge GCAP, governing bodies, and representatives from any liability for the intentional or negligent acts or omissions of any member or officer of this organization. I am also responsible to maintain membership and understand that this application is subject to approval of membership committee.

Signature _____

Date _____