



Membership Form Sherpa Cultural Center

I would like to be a trustee member /Life time member

Name: _____

Address Nepal: _____

Current Address: _____

Telephone: _____

Email: _____

Commitment Amount: _____

Amount in words: _____

First installment (30% or more): _____

Method of Payment: Check Money Order

Please make Check or Money Order payable to "United Sherpa Association".

Choose a Payment Plan: 6 months: \$ _____

12 months: \$ _____

18 months: \$ _____

Signature: _____ Date: _____

Please send your payments to:

United Sherpa Association
PO Box: 770732
Woodside, New York 11377