

**Baybasi Membership Registration Form**

**Baybasi, INC.**  
( A Non-Profit Organization)  
PO Box 4538  
Foster City, CA, 94404  
Phone: +1 (650) 477 3216  
www.baybasi.org



Membership Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (Line 1): \_\_\_\_\_

Address (Line 2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Evening): \_\_\_\_\_ Phone (Daytime/Mobile) \_\_\_\_\_

Email Address (1): \_\_\_\_\_

Alternate email (2): \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

**Children:**

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

3) Name: \_\_\_\_\_

4) Name: \_\_\_\_\_

**Guests Name:**

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

3) Name: \_\_\_\_\_

4) Name: \_\_\_\_\_

Food Preference: \_\_\_\_\_ (V-Veg / NV –Non-Veg)

Amount : \$ \_\_\_\_\_ Payment Type : Cash/ Check / Online

I AGREE TO ABIDE BY THE RULES OF BAYBASI INC.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_