



SRI SHIRDI SAI SAMSTHAN MICHIGAN

(Non-Profit Organization Tax ID No. 32-0064813)
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SSSSMI BOT Nomination Member Profile Information Form

Note: All fields are required.

Last Name: _____ First Name: _____

Middle Name (If any): _____

Address: House# _____

Street _____

City _____ State _____

Zip _____ Email _____

Contact Phone# _____

Affix your picture Id

Please describe briefly about your association with SSSS MI:

Name of the Committee(s) _____ Period (From -To Years) _____

Additional Information you may provide (Max 300 words):

Signature _____ Date _____