

KANNADA KOOTA OF NORTHERN CALIFORNIA

MEMBERSHIP Form for the current Calendar Year

Membership Type : Family _____ (\$50) Individual _____ (\$25)

Member:

First Name: _____ Middle Initial: _____ Last Name: _____

Spouse:

First Name: _____ Middle Initial: _____ Last Name: _____

Address:

City: _____ State: _____ Zip-Code: _____ - _____

Home Phone:

() - _____

Member E-mail:

Spouse E-mail:

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For use by KKNC only. Do not write below this line

KKNC:

Date: ____/____/____

Payment: Cash _____

Check _____