

KANNADA KOOTA OF NORTHERN CALIFORNIA

***MEMBERSHIP* Form for the current calendar year 2025**

Membership Type: Family_____ (\$75) Individual_____ (\$40)

Renewal: [] New Member []

Member:

First Name:

Middle Name:

Last Name:

_____ * _____ *

Spouse:

First Name:

Middle Name:

Last Name:

_____ * _____ *

Company Name _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Member E-mail:

Spouse E-mail:

Phone # (Home) _____ **(Cell)** _____

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

**KKNC: Date:** \_\_\_/\_\_\_/\_\_\_ **Payment: Cash** \_\_\_\_\_

**Check #** \_\_\_\_\_

**Collected By** \_\_\_\_\_