

**KANNADA KOOTA OF NORTHERN CALIFORNIA**

**MEMBERSHIP Form for the current calendar year 2024**

**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** \_\_\_\_\_