



KANNADA KOOTA OF NORTHERN CALIFORNIA

MEMBERSHIP Form for the calendar year 2022

Membership Type: Family_____ (\$60) Individual_____ (\$30)
Renewal:[] New Member []

Member:

First Name:

Last Name:

*

Spouse:

First Name:

Last Name:

*

Company Name: _____

Home Address: _____

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

Member E-mail:

Spouse E-mail

Phone # _____

-----*****-----

-----For use by KKNC only-----

KKNC: Date: ___ / ___ / ___

Payment: Cash _____

PayPal ___

Check# _____

Collected By: _____