

(RE) NEW MEMBERSHIP FORM

Please select the membership type for the Year 2009

Long Term (12 Years) : \$250 Annual Family : \$25
 Annual Individual : \$15 Full Time Students With ID : Free
 Method of Payment: Check Check # Cash
 Date of Membership :

Member :

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

 Place of Origin in India _____ Employee At: _____

Spouse :

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

 Place of Origin in India _____ Employee At: _____

Dependent Children :

Full Name	Gender: M / F	Age: in years	Would like to participate in cultural programs?	
Child # 1 : _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child # 2 : _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child # 3 : _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child # 4 : _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child # 5 : _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mailing Address :

Address Line 1: _____
 Address Line 2: _____
 City: _____
 State: _____
 Zip Code _____

Contact Information:

Phone Number: _____
 Alternate Phone Number: _____
 Email Address: _____
 Alternate Email Address: _____

Would you like to volunteer for MKANT related activities and events? Yes No
 Would you like to participate in cultural programs at MKANT events? Yes No
 Will it be okay for MKANT to share your contact information with other members of MKANT? Yes No