KNANAYA CATHOLIC CONGRESS OF NORTHERN CALIFORNIA (KCCNC)

MEMBERSHIP FORM

Membership Type: **Life** (Fee $200.00) ☐ **Annual** (Fee $25.00) ☐
(Life/Annual/Adding Adult)

If adding a dependent adult to your membership, enter **their** details only: **Date of Birth** (MM/DD/YYYY):.....

MEMBER DETAILS: **House Name** .....

NAME: First..... **Last**.....

USA ADDRESS: Street..... **City**..... **Zip Code**.....

Phone (.....)..... **Cell Number (.....)**.....

Email:.....

PARISH IN INDIA:..... **FORANE IN INDIA:** .....

Spouse / Parent Name: First..... **Last**.....

House Name ..... **Parish in India:** .....

Details of your minor (under 18) children in below box: (All adult children and dependent parents need to complete a membership form)

#	Name	Age	Sex (F/M)

I do hereby solemnly swear that the information given is true and correct to the best of my knowledge and request for the registered membership in Knanaya Catholic Congress of Northern California (KCCNC)

Place..... **Date**..... **Signature**.....

For Office Use ONLY: **Approved by the Legislative Board Committee On (Date)**.....

Treasurer: ..... **President**..... **Secretary**.....

Ward list ☐ Voters List ☐ Email List ☐ WhatsApp Group ☐

Updated-06/20/2021