

## KOA MEMBERSHIP FORM

Namaskaar and welcome to KOA. Please fill in the following membership form. After we receive the information from you, we will inform the local chapter about you and also provide you with some contact numbers in your area. You may send your information to us via regular mail or e-mail. All community members are requested to be dues paying members. Community members are requested to please join KOA and participate actively in community affairs and organizational activities.

Membership dues are:

- \$15/yr for a single person
- \$30/yr for a family
- \$15/yr for a senior couple and a student
- \$500 for life membership

Payable to: **Kashmiri Overseas Association (KOA), Inc.**

Mail membership form and dues to:

**Sunil Fotedar**  
**24427 Flint Creek**  
**San Antonio, Texas 78255**

Membership can also be paid online at:

**<http://www.koausa.org>**

## MEMBER INFORMATION

Please provide following information for the KOA directory and mailing list.

**Online application is at: <http://koausa.org/directory>**

**New Member:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Last Name:** \_\_\_\_\_

First Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Maiden Name: \_\_\_\_\_

**Current Address:**

**Old Address:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Moved: \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

Home Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web Page: \_\_\_\_\_

Profession: \_\_\_\_\_

Spouse Profession: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Spouse Office Phone: \_\_\_\_\_

**Children Names:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Member Place of Birth: \_\_\_\_\_

Spouse Place of Birth: \_\_\_\_\_

Member Parents: \_\_\_\_\_

Spouse Parents: \_\_\_\_\_