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**Subject: Request for Membership based on Program Donation**

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(Please select as applicable)

- I have donated \$250 (or more) for the following KOA Sponsored Program/s this year and therefore request you for providing me one-year membership fee waiver.
- I have donated \$1000 (or more) for the following KOA Sponsored Program/s this year and therefore request you for providing me with life-membership.

I do understand that this approval request is subject to my appropriate membership eligibility as per current KOA by-laws.

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**Donation specific details:**

	<u>Amount (\$)</u>	<u>Payment Date</u>	<u>KOA-Program Name</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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Details for membership listing:

KOA Zone:

Last Name: _____	Spouse Maiden Last Name: _____
First Name: _____	Spouse First Name: _____

e-Mail: _____	e-Mail: _____
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Postal Address: _____
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1st Child First Name: _____	Date of Birth: _____
2nd Child First Name: _____	Date of Birth: _____
3rd Child First Name: _____	Date of Birth: _____

