

# KERALA ASSOCIATION OF NEW JERSEY

Website: [www.kanj.org](http://www.kanj.org)

## APPLICATION FOR MEMBERSHIP

Name:

First

Last

M.I.

Spouse's Name:

First

Last

M.I.

Address:

City:

State: NJ

ZIP:

e-mail:

Phone:

## OTHER FAMILY MEMBERS

Name	Age	Relationship

**Circle** whatever applicable:

Membership →

Life \$150.00

Yearly \$25.00

Paid by →

Cash

Check

Online

I/We hereby promise to abide by the rules and regulations of Kerala Association of New Jersey

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsoring Member Name

\_\_\_\_\_  
Member Since

\_\_\_\_\_  
Signature of Sponsoring Member

\_\_\_\_\_  
Approved by