



KERALA SAMAJAM OF NJ

MEMBERSHIP APPLICATION FORM

Please complete the requested details and mail the completed form to:
 Kerala Samajam of NJ
 19-06 Bellair Ave, Fair Lawn, NJ 07410 or email to keralasamajamnj@gmail.com

**Head of Household
 Official Name**
Nickname

Address Information

Address Line 1
Address Line 2
City, State, ZIP
Home Phone
Cell Phone
Email:

Family Member Details

	Name	Birth Month, Year (MM/YYYY)
Spouse		
Child 1		
Child 2		
Child 3		
Child 4		

Membership Details

Make checks payable to: KERALA SAMAJAM OF NEW JERSEY:

New Life Time membership pursuant to approval by the KSNJ Governing Body is applicable as below:

- To a single applicant
- To a family which may consist of the applicant, spouse and any children under the age of 18.
- Underage children, upon reaching the age of 18, must apply for his/her own individual membership.
- Any child of age 18 and above must submit his/her own separate membership form.

**Lifetime
 Membership
 \$50 (Single)
 \$100 (Family)**

I/we hereby promise to abide by the rules and regulations of Kerala Samajam of New Jersey

**Signature of
 Applicant**
Date of Application

FOR OFFICE USE ONLY

Approved By
Approval Date
Check Number
Membership ID
Notes