

KERALA ASSOCIATION OF WASHINGTON

Membership Form

To register/renew **membership** for the current year, please complete this form and send it back to KAW with a **\$15** check (for the entire family) made out to "Kerala Association of Washington". You can also handover the completed form to any of the Office-bearers of KAW.

E-mail@ treasurer@kaow.org or secretary@kaow.org

(KAW Annual Membership runs from the date of enrollment through the last day of following February.)

Name (**Required**) : _____

Address* : _____

Phone(s) (**Optional**) : _____

E-mail* : _____

(* **Address or Email Required**)

Are you interested in volunteering for any KAW activities? Yes No

Spouse's Name (**Optional**) : _____

Spouse's Email (**Optional**): _____

Name(s) of Child(ren) (**Optional**): _____

I agree to abide by the bye-law of Kerala Association of Washington. You can find the bye-law at kaow.org/files/kaw-bylaws.pdf.

Date: _____

Signature: _____

-----FOR OFFICE USE ONLY-----

Membership Number: _____

Date Issued: _____