

**THE INDIAN KNANAYA CATHOLIC COMMUNITY
OF GREATER NEW YORK, INC.**

**P.O. BOX 97, STONY POINT NY 10980
TEL: (845) 942 4900 FAX: (845) 942 4829**

APPLICATION FOR REGISTERED MEMBERSHIP

Initial Enrollment: [] Change of Information: []

Family (House) Name: _____

Applicant: First Name: _____ Last Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Parish in Kerala: _____

Profession*: _____ Blood Type*: _____

Spouse: First Name: _____ Last Name: _____

Family (House) Name prior to Marriage: _____

Parish in Kerala prior to Marriage: _____

Profession*: _____ Blood Type*: _____

* Optional

Registration fee \$10 per individual above 18 years of age. Individuals 18 years of age and up (other than spouse) should complete separate membership application form. Please list children below 18 years of age.

<u>No</u>	<u>Name</u>	<u>Relation</u>	<u>DOB</u>
01.	_____	_____	_____
02.	_____	_____	_____
03.	_____	_____	_____
04.	_____	_____	_____
05.	_____	_____	_____

I, _____, as well as any members of my family included herein, hereby apply to become registered member(s) of IKCC as per the General Body decision of 2006. We agree to abide by the rules and regulations of IKCC as per its Constitution. We understand that the information in this form will be used for future communication by the IKCC Executive Committee.

Signature

Date

Office Use Only

Date Application Received: _____ Amount Received: _____ Treasurer Initial: _____

Authorized Signature

Print Name & Title