



Kurdish National Congress of North America

P.O.Box 50216, Irvine, CA 92619, www.kncna.org

MEMBERSHIP APPLICATION FORM

1. FULL NAME:.....

2. OCCUPATION:.....

3. PLACE OF BIRTH:.....

4. LANGUAGES SPOKEN (include Kurdish dialects):
.....

5. AREAS OF INTEREST (Science, Literature, Business, Arts, etc.)
.....

6. ADDRESS: HOME () OFFICE ()
.....

TEL: _____ FAX: _____ E-MAIL: _____

7. SPONSOR'S NAME:

1. _____

2. _____

Membership fee is \$120 annually. Each additional family member is \$60. Student & Refugee membership fee is \$25 annually.

Amount Enclosed: \$ _____.

I am also enclosing a donation to support the organization \$ _____.

Total amount enclosed \$ _____ (Make checks payable to "KNC").

Signature: _____ Date _____