



# Kashmiri Overseas Association, Inc.

[www.koausa.org](http://www.koausa.org)

A non-profit organization registered in the state of Maryland. Exempt from Federal Income tax under section 501(c)(3) of the Internal Revenue Code.

## KOA MEMBERSHIP FORM

Namaskaar and welcome to KOA. Please fill in the following membership form. After we receive the information from you, we will inform the local chapter about you and also provide you with some contact numbers in your area. You may send your information to us via regular mail or e-mail. All community members are requested to be dues paying members. Community members are requested to please join KOA and participate actively in community affairs and organizational activities.

Membership dues are:

- **\$15/yr** for a single person
- **\$30/yr** for a family
- **\$15/yr** for a senior couple and a student
- **\$500** for life membership

Payable to: **Kashmiri Overseas Association (KOA), Inc.**

Mail membership form and dues to:

**Monica Aima Salman**

KOA Treasurer

2436 Threewoods Ln

Fullerton CA -92831

*e-mail:* [treasurer@koausa.org](mailto:treasurer@koausa.org)

Membership can also be paid online at:

**<http://www.koausa.org>**



**Kashmiri Overseas Association, Inc.**

<http://www.koausa.org> , e-mail: [president@koausa.org](mailto:president@koausa.org)



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## MEMBER INFORMATION

Please provide following information for the KOA directory and mailing list.

Online application is at: <http://koausa.org/directory>

New Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Maiden Name: \_\_\_\_\_

Current Address:

Old Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Moved: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web Page: \_\_\_\_\_

Profession: \_\_\_\_\_

Spouse Profession: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Spouse Office Phone: \_\_\_\_\_

Children Names:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Member Place of Birth: \_\_\_\_\_

Spouse Place of Birth: \_\_\_\_\_

Member Parents:

Spouse Parents:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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<http://www.koausa.org> , e-mail: [president@koausa.org](mailto:president@koausa.org)