



America-Nepal Friendship Society, Inc.

Membership Application

Please write/print clearly

First Name: _____ Middle: _____ Last Name: _____

Title: Mr. Mrs. Ms. Dr. (Please circle one)

Profession: _____

Home/Mailing Address:

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ - _____ Fax: () _____ - _____

E-mail: _____

As a member of the America-Nepal Friendship Society, I would like to be involved in (please circle any that you are interested in):

- a. Programming b. Membership Drive c. Fundraising
d. Others: (please specify): _____

Membership Categories and Applicable Fees:

- a. Benefactor ---\$500/person
- b. Life Membership--\$250/person
- c. Family Life Membership--\$ 450/couple (husband & wife)
- d. Annual General Membership--\$25/person
- e. Annual Student Membership--\$15/person

Please fill out and mail the membership application form along with a Bank check for \$ _____, payable to

America-Nepal Friendship Society to:

Attn: **Rabindra Karki, Treasurer**
America-Nepal Friendship Society, Inc.
Post Office Box 3719
Grand Central Station
New York, New York 10163

FOR OFFICE USE ONLY (Please do not write below this line).

____ Dues Received ____ Membership Accepted ____ Membership Not Accepted
____ New Membership ____ Membership Renewal
Membership Effective Date: _____ Membership Expiration Date: _____