



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 Application 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, Inc.**

Attn.
 Sharada Karki
 9 Darewood Lane
 Valley Stream
 NY 11581
 or
 Parita Rajbhandari
 94-30 60th. Ave.
 Apt. # 6J
 Elmhurst, NY 11373

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: _____