KURDISH NATIONAL CONGRESS OF NORTH AMERICA

MEMBERSHIP APPLICATION FORM

1. FULL NAME:_____
2. OCCUPATION:_____
3. PLACE OF BIRTH:_____
4. LANGUAGES SPOKEN (include Kurdish dialects): _____

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

   _____
6. ADDRESS: HOME ( ) OFFICE ( )

   _____

   _____

TEL: _____ FAX: _____ E-MAIL: _____

7. SPONSOR'S NAME: 1. _____

   2. _____

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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: _____

Send to: KNC
P.O. BOX 1663
Lake Forest, CA 92630
Tel/Fax: 949-583-1417