



# Kashmiri Overseas Association

## MEMBERSHIP

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, Inc.

Mail membership form and dues to:  
**Mr. Ashok Kitchloo, Treasurer - KOA,**  
**3511 N.W. 113th Ct.,**  
**Miami, FL 33178**

## MEMBER INFORMATION

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

**New Member:** \_\_\_ YES \_\_\_ NO

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

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

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

**Current Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Old Address**  
\_\_\_\_\_  
\_\_\_\_\_

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

City: \_\_\_\_\_  
State \_\_\_ Zip \_\_\_\_\_  
Date Moved: \_\_\_\_\_

**Home Phone #** \_\_\_\_\_  
E-mail: \_\_\_\_\_

Home Fax # \_\_\_\_\_  
Web page \_\_\_\_\_

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

Spouse Profession \_\_\_\_\_  
Spouse Office Phone \_\_\_\_\_

1st Child Name: \_\_\_\_\_  
2<sup>nd</sup> Child Name \_\_\_\_\_  
3rd Child Name \_\_\_\_\_

D.O.B \_\_\_\_\_  
D.O.B \_\_\_\_\_  
D.O.B \_\_\_\_\_

Mem Place of Birth: \_\_\_\_\_  
Mem. Parents: \_\_\_\_\_

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