



India Association of Kansas City

Membership form

First Name : _____

Last Name : _____

Spouse Name : _____

Children Name and Age _____

Phone : _____

Email : _____

Address : _____

City : _____ State : _____ Zip : _____

IAKC Membership

- | | | |
|--------------------------|-------------------|-------|
| <input type="checkbox"/> | Life Membership | \$300 |
| <input type="checkbox"/> | Family Membership | \$25 |
| <input type="checkbox"/> | Single | \$15 |
| <input type="checkbox"/> | Student | \$10 |

Payment Type : Google Check out/Cash/Check

Please make check payable to IAKC and mail the form to :

India Association of Kansas City

PO Box 27392

Overland Park KS -66225