MEMBERSHIPFORM

EMERGENCY RELIEF FUND — KULSHRESHTHAS

A non-profit corporation tax exempt under 501(c)(3) of the IRS Code See www.kulfund.org for more information

— CONTACT INFORMA	ATION ———	000 ********	
NAME First		Last	
	-		
NAME OF SPOUS	First	Last	
EMAIL ADDRESS			
PHONE NUMBER	(xxx) xxx - xxxx		
HOME ADDRESS	Street Address		
	City	State	Zip Code
——— MEMBERSHIP TYP	E		
☐ DISTINGUISHED On a 180 days notice	00 One-time Membershi 0 One-time Membership BERSHIP \$3,000.00 0 MEMBERS \$10,000 e to the President, disting	p Fee	des Lifetime Membership for and address a meeting of
—— AGREEMENT ——			
CAUSE DEAR TO	YOU		
□ I AM WILLING T IF YES	O VOLUNTEER , HOW CAN YOU	CONTRIBUTE?	
We agree to abide by the Constitution (See be used by the organization as per the organization is non refundable.			
Signature of Applicant	Date	Signature of Spouse	Date