



KRIO DESCENDANTS UNION NORTHEAST
leh wi ep wisef
MEMBERSHIP APPLICATION/RENEWAL FORM

LAST NAME:		
FIRST NAME:		MIDDLE INITIAL:
DATE OF BIRTH: (MONTH AND DAY)		
ADDRESS:		
TELEPHONE NUMBER:		CELL:
EMAIL ADDRESS:		
MEMBERSHIP TYPE:		
Yearly	Renewal	New Member:
Individual: (\$50)	*Household: \$100	Seniors (over 62) \$50
Checks or Money orders made out to KDU Northeast and mailed to: C/o Agatha Pratt, 283 Avenue C, Apt.10E, New York, NY 10009		
CONTACT INFORMATION OF HOUSEHOLD MEMBERS:		
Name:		Cell No:
Email Address:		
Name:		Cell No:
Email Address:		
Name (child)/age:		

Name (Child)/age:

KINDLY CHECK ANY OF THE BOXES BELOW OF COMMITTEES THAT INTEREST YOU

Welcoming Committee:

Social Committee:

Publicity Committee:

Finance Committee:

Planning/Philanthropic Committee:

Young Adult Committee:

Editorial Committee:

***Includes children under 21**