



India Association of Naples, Inc.

A 501 (c) (3) Not-for-Profit Organization

Membership Application Form

I / we would like to apply for membership of the India Association of Naples, Inc.

Membership year: _____

Membership Type (pick one):

- Individual membership (\$50.00)
 Family Membership (\$100.00)

Paid the membership due in cash or by check no. _____.
Make check payable to "India Association of Naples, Inc."

PLEASE PRINT THE REQUIRED INFORMATION BELOW USING UPPER CASE / BLOCK LETTERS.

APPLICANT'S NAME: _____

SPOUSE'S NAME: _____

CHILDREN: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

E MAIL: _____

E MAIL: _____

(Communication from India Association of Naples, Inc. will be sent to the above E-mail addresses.)

- I would like to EXCLUDE my contact information from the membership directory.

APPLICANT'S SIGNATURE

DATE