



ಅಮೇರಿಕ ಕನ್ನಡ ಕೂಟಗಳ ಆಗರ (ಅಕ್ಕಾ)

Association of Kannada Kootas of America (AKKA)

Not-for-Profit Tax ID: 59-3527607

www.akkaonline.org

Individual/Family Membership Application

Name:	_____	Spouse Name:	_____
Address:	_____		
Phone:	_____		
Fax :	_____		
Email:	_____		

Children Names & Age(s):

_____	_____
_____	_____
_____	_____

Type of Membership:

A GRAND PATRON: a donation of **\$5000**

A PATRON member: a one time donation of **\$1000**, A DONOR member: a one time donation of **\$500**

A LIFE member: (For FAMILY LIFE Member: **\$250** ; For INDIVIDUAL LIFE member: **\$200**)

Two Years FAMILY member: a donation of **\$50.00** for 2 years

Two Years SINGLE member: a donation of **\$25.00** for 2 years

Amount Enclosed: \$ _____

Type of activity you like to get involved:

Name of Kannada Koota in your area: _____

Make Checks payable to: **AKKA** and Mail To:

Mr. Madhu Rangaiah
Chairman, AKKA Membership Committee
16 Patton Drive
Bloomfield, NJ 07003