ಹ್ಯಾರಿಸ್‌ಬರ್ಗ್ ಕನ್ನಡ ಕಸ್ತೂರಿ (ಹಕ್ಕ)

Harrisburg Kannada Kasthuri (HaKKa)

MEMBERSHIP Form for the current Calendar Year 20__

Membership Type: Family _____ ($51) Individual_____ ($21)

Member:

First Name: _____ Middle Initial: ____ Last Name: _____

Spouse:

First Name: _____ Middle Initial: ____ Last Name: _____

Address:

_____

City: _____ State: _____ Zip-Code: _____ - _____

Home Phone: ( ) -

Member E-mail: _____

Spouse E-mail: _____

---------- *HaKKa Use Only* ----------

For use by HaKKa only. Do not write below this line

Date: ____/____/_____

Payment: Cash _____

Check: _____