



Kerala Association of Los Angeles

Non-Profit and Tax Exempt Association

3250 Los Olivos Lane, La Crescenta, CA 91214

www.kalaonline.org

Membership Application

From: _____ To: _____

1. Name _____
Last First Middle Initial

2. Name of Spouse _____ 3. Family Name _____

4. Children Name Date of Birth

5. Address in U S _____

6. Phone Number _____
Home Mobile

7. Email _____

8. Home Town in India _____
(Optional) Yours Spouse

Signature _____

Payment Mode Check No: _____ Cash Receipt No _____

Membership Fees

Lifetime Membership – \$200* Yearly Family – \$30 Yearly Single – \$20

Please make checks payable to **KALA** and mail to the above address.

*Lifetime membership period limited to 10 years.

KALA Executive committee welcomes you and thank you for becoming a member of the association