

KOJAIN Membership Form

Last Name	
First Name	
Middle Name	
Email	
Phone	
Occupation	
Village in Kachchh	
Spouse - First Name	
Spouse - Email	
Spouse - Phone	
Spouse - Occupation	
Spouse - Village in Kachchh (Before Marriage)	
Home Address - Street	
Home Address - City	
Home Address – State, Zip Code & Country	
Child 1 Name	
Child 1 Year Born (if married do not enter year born)	
Child 2 Name	
Child 2 Year Born (if married do not enter year born)	
Child 3 Name	
Child 3 Year Born (if married do not enter year born)	

Family Life membership (US \$250)

Family 2-year membership (\$40)

Individual Life Membership (US \$200)

Individual 2-year membership (US) \$30

We urge every KOJAIN family to send the duly completed form to maintain KOJAIN Database. Help us make the database as complete as possible. Thank you for your support and cooperation.

Signed by: _____

Date: _____

We encourage you to join KOJAIN organization as a life member. Please make your check payable to KOJAIN

Please mail the above form completely filled to the Treasurer of KOJAIN:

Vijay J. Savla, 4 Sandy Drive, Acton, MA 01720, USA

Tel: 978-264-0596 (email: visavla@gmail.com)