Kerala Hindus of North America

Application for Institutional Membership



Institutional Membership

NEW/RENEWAL

FOR OFFICE USE ONLY

		_					
Name of the Organization							
Address		Street	:				
		City:		State:	Zip:		
Phone Number							
Email Address							
Website Address							
State of Incorporation							
Federal Tax Id Number							
Date of Incorporation (MM/DD/YYYY)							
Number of families participating in religious activities (minimum 10)							
3. List of active me		ress	•	pplications)			
List of Officers	Name		Phone #	Email			
President							
Secretary							
Treasurer							
We are applying for the Institutional membership of KHNA and certify that we are a Hindu religious organization registered as a not for profit organization. We have been operating for one year or more and subscribe to the aims and objectives of KHNA and agree to abide by the constitution and bylaws of KHNA. We agree not to use the $501(c)(3)$ status of KHNA for our purpose.							
Signature of the Pr	esident:		Date				
Signature of the Secretary: Date							

Date Received	Payment	Rcvd by	
	•	-	