



# The India Catholic Association of America, Inc.

P.O. Box 941, 35 Tulip Ave, Floral Park, NY 11002

Website: www.icaofamerica.com

If you are not a member, you are strongly recommended to take membership. Please complete the application form below and send it to the address above along with the appropriate member dues. Make your check payable to "The India Catholic Association of America, Inc."

## Membership Application Form

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

*First*

*Last*

*Middle Initial*

**Spouse Name:** \_\_\_\_\_

*First*

*Last*

*Middle Initial*

**Address:** \_\_\_\_\_

*Building & Street #*

*Apt. #*

*City*

*State*

*Zip Code*

**Telephone #** \_\_\_\_\_ **Date of Marriage:**    /    /

	<u>Names of Children</u>	Sex M / F	Date of Birth		
			M	D	Y
1.	_____	<input type="checkbox"/>	/	/	
2.	_____	<input type="checkbox"/>	/	/	
3.	_____	<input type="checkbox"/>	/	/	
4.	_____	<input type="checkbox"/>	/	/	

### Please check on box for your membership selection

- |                          |                             |        |          |
|--------------------------|-----------------------------|--------|----------|
| <input type="checkbox"/> | Life Time Membership        | Single | \$50.00  |
| <input type="checkbox"/> | Life Time Membership        | Family | \$100.00 |
| <input type="checkbox"/> | Regular / Yearly Membership | Single | \$15.00  |
| <input type="checkbox"/> | Regular / Yearly Membership | Family | \$25.00  |

I/We request the ICAA to accept Me/Us as member/members. I/We are eligible for membership in the association as per the constitution of the association and promise to abide by the rules and regulations of the Association.

\_\_\_\_\_  
*Signature & Date*

\_\_\_\_\_  
*Spouse Signature & Date*

*If you have any comments or suggestions, please write them on a separate page*  
*For Office use only*

Accepted

Secretary

President

Treasurer

