

## KNANAYA CATHOLIC YOUTH LEAGUE, A SATELLITE MEMBER OF CHICAGO KCS

## **MEMBERSHIP APPLICATION FORM**

NAME OF APPLICANT	:				
	FIRST		MIDDLE	LAS	ST
AGE & DATE OF BIRTH	:				
FAMILY NAME	AGE	Month	DAY	YEAR	
MAILING ADDRESS	:				
	NO. & STREE	Γ NAME			APT/UNIT #
	:			STATE	ZIP CODE
PHONE NUMBER	:			SIATE	
E-MAIL ADDRESS	HOME			MOBILE/CELL	
E-MAIL ADDRESS	•				
PARENTS INFORMATION					
NAME OF FATHER	:				
NAME OF MONTHER	:				_
PARISH IN INDIA	:				
PARISH IN U.S.A.	:				
PHONE NUMBER	:				
	HOME			MOBILE/CELL	

I do hereby agree to abide by all the rules and regulations of the Knanaya Catholic Society of Chicago as per its Constitution. I do understand that one has to be a practicing Knanaya Catholic to be eligible for membership in the Society. I also declare that I am a practicing Knanaya Catholic with the eligibility for membership in the Diocese of Kottayam. It shall be my responsibility to notify the K.C.S Secretary, of any change in this given information or conditions. My membership in the society shall be terminated at any time when I shall not meet any of the conditions for membership as per its constitution.

SIGNATURE OF APPLICANT	DATE:	
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For Office Use Only								
DECISION SIGNATURE OF KCYL PRESIDENT SIGNATURE OF CHAPLAIN OR K.C.S. REPRESENTATIVE	:	□ Accepted	□ Rejected	Date: Date:				