KNANAYA CATHOLIC SOCIETY OF DETROIT & WINDSOR
MEMBERSHIP FORM

Family Name (in India):_____

Head of Household Details
Name:_____
(First Name) *(Last Name)*
Date of Birth: _____
Are you a practicing Catholic:_____; Are both of your parents Knanites:_____
Hometown Parish (in India):_____

Spouse Details
Name:_____
(First Name) *(Last Name)*
Date of Birth: _____
Are you a practicing Catholic:_____; Are both of your parents Knanites:_____
Hometown Parish (in India):_____

List of Family Members

Name	M/F	Date of Birth	Relationship

Residential Address: _____

_____

Home Phone Number:_____ Email:_____

I (we) certify that the above statements are true and correct to the best of my (our) knowledge.

Signature:_____ Date:_____
(Head of Household)
Signature:_____ Date:_____
(Spouse)

For Official Use Only.
Membership Fee Paid: _____$20.00 (Family) _____ $10.00(Single)
Approved:_____ Membership Number:_____
President/Secretary

Rev1/10-21-07