



International Nepali Literary Society, New York

अन्तर्राष्ट्रिय नेपाली साहित्य समाज, न्यूयोर्क

Membership Application

Please write /print clearly

Title: Mr. Mrs. Ms. Dr. (Please circle one)

First Name: _____ **Middle Name:** _____ **Family Name:** _____

Profession: _____

Mailing Address:

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ - _____

E-mail: _____

Requested Membership: Annual General Membership Life Membership Institutional Membership

(Please circle one) US \$10/Year US \$100 US \$100/Year

As a member of INLS New York, I would like to be involved in: (please indicate your interest with circle)

Literary Publications Membership Drive Fundraising

Other (please specify) _____

Date: _____

Signature _____

Please mail the completed form together with a Bank check in appropriate amount to:

International Nepali Literary Society, INLS NY

20 Newport Parkway

Apt 2601

Jersey City, NJ 07310

For Office use only (Please do not write below this line)

_____ Dues Received _____ Membership Accepted _____ Membership Not Accepted

_____ New Membership _____ Membership Renewal

Membership effective date _____ Membership Expiration date _____