



## **NRN National Coordination Council of USA**

*Nepalese American Association For Unity, Coordination and Collaboration*

### **Individual Membership Form**

(Please visit <http://nrrusa.org> to learn about NRN Individual membership articles)

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number (Optional) \_\_\_\_\_

#### **Membership fee:**

**Annual membership: \$10.00 / year PER MEMBER**

**Life Membership: \$500.00 Per Member**

**Are you affiliated with any Nepali Organizations: YES/NO**

**If Yes, Organization's Name:** \_\_\_\_\_

**I have completed this form to join NRNNCC of USA (A.k.a. NRN America). My membership is driven by the bylaws of NRN Association.**

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

\_\_\_\_\_  
**Signature**

**Method of payment: Check/Cash** (*Write a check payable to NRNNCC of USA*)

**Mail this form to our treasurer:**

**Dr. Binod Shah, 14 Deerhill Ln, Scarsdale, NY 10583**