



## Individual Membership Form

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

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

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

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

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

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

**Membership:**                      **Annual membership: \$10.00 per year**

**Life membership: \$500.00**

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

**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**

**Mail this form to our treasurer:**

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

<http://nrnusa.org>

Email: [nrnnacc@gmail.com](mailto:nrnnacc@gmail.com)