



# KNANAYA CATHOLIC SOCIETY OF SAN ANTONIO

**(KCSSA)**

kcssantonio@gmail.com

[www.kcssa.org](http://www.kcssa.org)

## APPLICATION FOR MEMBERSHIP

Family Name:	Parish in Kerala:
First Name:	Last Name:
Date of Birth:	Home Phone:
Cell Phone:	E-Mail:
Spouse's First Name:	Last Name:
Family Name:	Parish in Kerala:
Date of Birth:	Phone:
E-Mail:	
Current Address:	City:
State:	Zip Code:

### YOUR DEPENDENT CHILDREN AND DEPENDENT PARENTS

Last Name	First Name	Relationship	Date of Birth	Phone

I do hereby agree to abide by the Constitution, Bi-laws, Policies and Procedure of the Knanaya Catholic Society of San Antonio (KCSSA).

Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of the Executive Board: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please complete this form in its entirety and submit it to the KCSSA secretary.**