

Treenaneel

MEMBERSHIP REGISTRATION FORM

Patron's Name: LAST _____ FIRST _____ MI _____

Spouse's Name: _____

Children's First Name (Age): _____ (____); _____ (____);
_____ (____); _____ (____);

Address: _____

Telephone No: _____

E-Mail: _____

REMITTANCE

| | DONATION |
|----------|-----------------|
| Family | \$25.00 |
| Adult | \$15.00 |
| Student* | \$10.00 |

* Post-Graduate students will not be eligible for student's discount.

Please make your check payable to : **TREENANEEL of Kentucky**

MAIL to:

Treenaneel

C/O Sudarshana Sengupta
9816 Vieux Carre Dr., Apt #15
Louisville, KY 40223

Treenaneel would greatly appreciate your **remittance by Feb 3rd, 2004**

Patron Category :

___ Family

___ Adult(s) ___ Number(s)

___ Student(s) ___ Number(s)

Membership amount enclosed : \$ _____

Additional Donation, if any : \$ _____

TOTAL AMOUNT ENCLOSED : \$ _____