



## ANMA Membership Form

If you are interested in becoming an ANMA member please indicate the type of membership desired by marking (x) on the box below and also include your membership fee as follows:

Individual [\$5\_\_]      Family [\$30\_\_]      Life [\$250\_\_]      Benefactor [\$1000\_\_]

**Name:** Last \_\_\_\_\_

First \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** Home (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Amount enclosed** \$ \_\_\_\_\_

**Please make your check payable to: ANMA**

Please mail your completed form and payments to:

Mr. Rajendra Khatiwada  
Membership Committee  
111 Hiawatha Trail, # 15  
George Town, KY 40324  
(502) 867-4858 (859) 492-0200  
[Rkhatiwada@aol.com](mailto:Rkhatiwada@aol.com)