

KURDISH AMERICAN YOUTH ORGANIZATION



Membership Application

1. Full Legal Name: _____
 - a. Alias Name(s) (if any): _____
2. Date of Birth: _____ Place of Birth: _____
3. Languages Spoken (include Kurdish dialects): _____

4. Educational Level (School attending or most recently completed):

5. Occupation (if any): _____
6. Areas of Interest (Arts, Politics, Science etc): _____

7. Address: _____ City: _____
State: _____ Zip: _____
8. Telephone: _____ E-mail: _____

Membership Fee is \$10 annually. (Make Checks Payable to "KAYO")

Send to:
Kurdish American Youth
1413 Commerce Drive
Plano, TX 75093

Signature: _____ Date __/__/__