



Kambata Development Network

**Head Office:** P.O. Box 70882, Chevy Chase, MD 20813-0625 USA, [www.kdneth.org](http://www.kdneth.org)

## MEMBERSHIP REGISTRATION FORM

1. Name: First Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Grand Father's Name (optional) \_\_\_\_\_

2. Title (Mr/Mrs/Dr) \_\_\_\_\_

3. Current Mailing Address:

(P.O. Box/Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

4. Email (if available) 1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_

5. Telephone (optional) Country code \_\_\_\_\_ Area Code \_\_\_\_\_ Tel. # \_\_\_\_\_

6. Current Occupation \_\_\_\_\_

7. Field of Study/Specialization \_\_\_\_\_

8. Any experience or involvement in Non-profit organizations or volunteer work?

\_\_\_\_\_  
In  
what ways, can you assist KDN? *(Please see KDN Bylaws or read KDN Web Site for objectives, strategies, and organizational structure).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. KDN Membership Status sought (check one):

Full member    ☐    Associate Member    ☐    Life-time Member    ☐

**Date of registration** \_\_\_\_\_ **Signature** \_\_\_\_\_

*(After completion and signing, please mail the registration form to KDN Secretary at the address shown above)*