

EK KARDIA MEMBERSHIP FORM
2011-2012

Please send your completed forms along with your membership dues of \$200 payable to Ek Kardia, Inc. by June 1, 2011 to Irene Senzaki 4009 Via Nivel PVE 90274

*** Please note: Every line item must be completed***

Name _____ Date of Birth _____

Grade in Sept. 2011 _____ School _____

Parents' Names _____

Address _____ City _____

Home Phone _____

Daughter's Cell _____ Mother's Cell _____

Daughter's email _____

Mother's email _____

I understand that to be a member in good standing of Ek Kardia, Inc. that I must abide by the requirements set for membership. I also agree to complete a minimum of 4 service projects and for mothers to "Lead" one service project prior to September 1st of each year.

Daughter's signature _____ Date _____

Mother's signature _____ Date _____

Check # _____

Amount \$ _____

Dated _____

(05/07)