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NON PROFIT ORGANIZATION

Date:

MEMBERSHIP #-----

MEMBERSHIP FEE 100/-\$.

FIRST NAME..... LAST NAME.....

DATE OF BIRTH.....GENDER.....

CELL.....HOME.....WORK.....

EMAIL.....

NAMES OF CHILDREN:

S/N	FIRST NAME	LAST NAME	DATE OF BIRTH
1			
2			
3			

Addresses In

U.S.A.....

Addresses In Home

Country.....

EMERGENCY & BENEFICARY CONTACT PERSON:

NAME.....

CELL #.....

I,Mr..... will Respect the Rules and Policies of **The Khyber Society Of America.**

PRESIDENT.....MEMBER.....

