



NEPALESE ASSOCIATION OF UTAH

Membership Form

First Name : _____

Middle Name : _____

Last Name : _____

Mailing Address : _____

Phone: (____)-(____)-(____)

Email: _____

Membership: (please select one)

Single : \$25.00

Family : \$40.00

Please print this page and make check payable to

Nepalese Association of Utah and mail it to:

Nepalese Association of Utah

PO Box 510938

Salt Lake City

Utah 84151

For Family type membership please provide

your family members' information below :

Spouse Name : _____

Children Name:

1. _____ Age : ____ M/F

2. _____ Age : ____ M/F

3. _____ Age : ____ M/F

4. _____ Age : ____ M/F

5. _____ Age : ____ M/F