

N.A.M.C.

MEMBERSHIP APPLICATION FORM

NAME: _____
First Name *Middle Name* *Last Name*

ADDRESS: _____

PHONE: _____
Home *Mobile*

E-Mail: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____
City *State/Province* *Country*

DATE of NAVAR CEREMONY: _____

PLACE of NAVAR CEREMONY: _____
City *Country*

DATE of MARTAB CEREMONY: _____

PLACE of MARTAB CEREMONY: _____
City *Country*

Signature: _____

TYPE of MEMBERSHIP desired (Check One)

Adult () **\$25.00**
Student () **\$5.00**

Please make your check payable to "NAMC" and Mail to:

Ervad Gev Karkaria
38 Brome St.
Kirkland, Quebec,
H9J 2N3 CANADA