



Kanam Vakad Patidar Samaj of Midwest Org.
P. O. Box # 6116
Buffalo Grove, IL 60089
 Visit our web site : www.kvps.org

KVPS Midwest
 WhatsApp group



2024 Annual Membership from (January 1st, 2024 to December 31st, 2024)

Please Fill Form in CAPITAL Letters	Member #	
Name:	Native Place:	
Address:		
City, State, Zip:		
Phone #:		
Email:		

New Member YES / NO (Circle One)
Change of Address YES / NO (Circle One)

Age 18+ = \$45
 Age 5-18 = \$30
 Under 5 = Free

#	Year 2023 Member's Name (Fist, Middle, Last)	Birth Year	Age	Fees	Occupation	
1				\$		
2				\$		
3				\$		
4				\$		
5				\$		
6				\$		
7				\$		
8				\$		
9				\$		
Please make Check Payable to "KVPS Of Midwest"				TOTAL FEES DUE	\$	Do NOT send Cash in Mail

I undersigned understand that this membership application will be reviewed by **the Secretary of Kanam Vakad Patidar Samaj of Midwest**. Above information is true, correct & complete to the best of my knowledge. I will be responsible for guest fees if this membership was activated during Navratri Garba or other membership beneficial events. I authorize Kanam Vakad Patidar Samaj of Midwest to release/publish this information in Future mailing.

Mailing List

You will only receive your mail if you are listed in KVPS 2024 mailing List. You must fill out this form if you are not listed or have an incorrect address.

Signature: _____ date: _____

For Office Use Only	
Accepted By (signature) _____ (Date) _____ Name : _____ Remarks : _____	Age 13+ : _____ Age 5-12: _____ Under Age 5 : _____ Paid by: Cash [] or Check #: _____ \$ _____ Received Date: _____ Deposited Date: _____