



First in Height, First in Flight

Nepal Center of North Carolina, Inc.

EIN number: 56-2179237

1328 Legendary Ln, Morrisville NC 27560

**NCNC MEMBERSHIP FORM**

Applicant's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_

Application Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Types of Membership & Fee:**

Life Membership US \$ 175

Five Year Membership US \$ 75

**Annual Membership**

- Student US \$ 20

- Senior Citizen US \$ 20

- Single US \$ 20

- Family US \$ 30

**Enclosed Amount:**

Membership Fee US \$ \_\_\_\_\_

Donation US \$ \_\_\_\_\_

Total: US \$ \_\_\_\_\_

By signing below, I accept the membership into Nepal Center of North Carolina, Inc. (NCNC) and that the standards are limited to persons of good moral character and reputation. I recognize the importance of rendering personal service to my community in cooperation with other civic-minded persons. I am a law abiding resident of North Carolina and I will abide by the bylaws of the NCNC, laws of the state of North Carolina and the United States of America.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\* Official use only \*\*\*\*\*



**Receipt of NCNC Membership**

This is to certify that \_\_\_\_\_ is/are annual/5yr/life member of Nepal Center of North Carolina Inc. This is testimony and is hereby awarded this receipt.

**Deposited by:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please make check payable to NCNC and mail to:

1328 Legendary Ln, Morrisville NC 27560