

PAN AMERICAN ASSOCIATION OF KANSAS CITY, INC.

MEMBERSHIP APPLICATION

**Applicant Name(s)**

Full name (Please print) \_\_\_\_\_

Spouse Name (Optional) \_\_\_\_\_

Country of origin or decendancy: (Optional) \_\_\_\_\_

**Preferred Mailing Address:**

Number, Street, Apartment No. \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

School/College/University: if a Student \_\_\_\_\_

**Contact Informaton:**

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

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

**Areas of Interest: (check all that apply)**

Programs/Events \_\_\_\_\_ Educational \_\_\_\_\_ Cultural \_\_\_\_\_ Humanitarian \_\_\_\_\_ Youth Sports

Business/Trade \_\_\_\_\_ Public Affairs \_\_\_\_\_ Newsletter \_\_\_\_\_ Membership \_\_\_\_\_ Fundraising

**Other information:** (Please tell us about your special skills, language capabilities, other information that would be contributory to the efforts of PANAM-KC. Add a separate page if more space is needed)

\_\_\_\_\_  
\_\_\_\_\_

**Membership Categories: (Check the box that applies)**

Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_ (2 adults residing in the same household plus 2 children under 18)

Student \$ \_\_\_\_\_ (18-25 yrs of age) Patron \$ \_\_\_\_\_ Life Member \$ \_\_\_\_\_

Benefactor \$ \_\_\_\_\_ Corporate \$ \_\_\_\_\_ Institutional \$ \_\_\_\_\_

Individual \$40 Family \$60 Student \$15 Patron \$100 Benefactor \$250

Life Member (18-59) \$1000 (60 & Older) \$500 Corporate \$750 Institutional \$750

**Dues are deductible to the extent allowed by law. Make Checks payable to: Pan American Association of Kansas City, Inc. Post Office Box 7028, Kansas City, Missouri USA 64113**