



MEMBERSHIP APPLICATION OR RENEWAL
Period of Membership July 1, ____ Through June 30, ____

Check one Kind ____ 2nd Generation ____ 3rd Generation ____

Other (Please specify) _____

Name _____

Previous Name or name of "Kind" parent or grandparent _____

Town and Country of Origin _____

Address _____

This is a change of address _____

Telephone _____ (check if new phone #) _____

email _____ (check if new email) _____

This is a renewal _____ I am a new member _____

DUES (Must be paid in US Currency)

\$25.00 per year – Kinder & KT2, Spouse, Partner

\$15.00 per year – KT3 & KT4

\$25.00 per year – Historian, Scholar, Archivist

\$45.00 per year – Friend

Dues: _____

Voluntary Contributions:

Charitable Fund _____

Education Fund _____

General Fund _____

Total _____

Please make checks payable to **Kindertransport Association (KTA)**, and mail to:

Susan Koelle
KTA Membership Chair
17006 25th AVenue NE
Lake Forest Park, WA 98155

Please send future renewal notices to me via email

The KTA is a 501c3 not-for-profit organization. All donations are tax deductible to the full extent of the law.