India Development Coalition of America

Membership Applicati	ion	Primary: (5 votes a	nd eligible for leadership roles)	7. рр. от ос. 202	2 4.10
Organization or Individual Name:		Annual: Individuals, or NPOs: \$500.00 Note: Retired Seniors: \$250.00 General: Annual: Individual/ NPOs: \$ 100, (One vote)		Note: Membership will not be approved without a completed and signed application.	
		Life: Individual: \$1,000.		A. On what com	mittees you would like to mark (x) one or more)
Address		Associate; Individual: \$50. (No vote)		Membership: Program:	
		Student: Annual: \$25	(No vote)	Fundraising:	Public Relation:
City, State	and Zip	Payment:			cationEnvironment
Country		(a) Membership Dues: \$		_	Livelihoods:
		(b) Voluntary Contribution: Donation			Healthcare:
Phone:				Climate Change:	Governance:
		\$100\$200\$500_	\$1000	Annual Conference:_	Research:
E-mail:		Other \$		Youth:Wor	en Website:
Native Place in India :		(c) Total Amount Paid	(a) + (b): \$	Publications	Honors and Awards:
NPO Members please complete the following: Website: Primary Contact:		Make Checks Payable: India Development Coalition of America (IDCA) and mail at the address given below: IDCA- Membership		Newsletter: Outreach Please email one page bio-data for us, to learn more about you and to serve you better. Membership benefits are listed on brochure/website.	
Name:	Title	143 Chaucer Court		Working Together to Mitigate Poverty and	
Email		Willowbrook, IL 60527		Climate Change in India	
Email				Join Adopt a Village Campaign	
Phone Cell P	Phone	I / we, will abide by the rules set by IDCA, participate actively, and cooperate with members. Inform IDCA		To Mitigate Poverty in India	
Other Contact:		of new developments regularly to serve us better.		(check website to learn more) For questions contact: Phone: 630-303-9592	
		Signed	Date		https://idc-america.org
Name Title:		For IDCA use only		Email: Idca2020@idc-america.org,	
E-mail: Phone		1 of 1D OA doc only		Inform Inc	spire, Empower, Impact
					worst form of Violence.
Note : Any additional information about your NPO to help us know you and serve you better.		Received by	Date		M. K. Gandhi

Membership Types and Dues: (Please x one)

Approved BOD

Date