



Kerr Family Association of North America

Membership Application

PLEASE PRINT:

Date _____

Full Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email Address _____

My Kerr kinship is through _____

Born (date) _____ in (place of birth) _____

Annual Dues:

Individual \$15.00 USD _____

Family \$20.00 USD _____

Life \$200.00 (one time payment) USD _____

Total Enclosed _____

If family membership, please list all family members to be included: _____

Would you like to receive your newsletter electronically?

YES NO

Mail this form with check payable to KFA to:

Ms. Katharine R. Kerr, Treasurer
6065A Essex House Square
Alexandria, VA 22310