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Interfaith League of Devotees

Name: _____ Birthday: _____
Address: _____ City: _____
State: _____ Zip code: _____ Phone: _____
Email: _____ Cell: _____

Spiritual Background: _____

Why do you wish to study with Krishna Alliance? _____

Do you have a daily spiritual practice? _____

Do you agree to not share or repost lessons and materials: _____

I would like to become a member and receive monthly lessons for:

3 months \$ 30 _____ 6 months \$ 60 _____ 12 months \$ 120 _____
1 time initial membership fee \$ 20 required

Signature: _____ Date: _____

Enclosed is a check _____ Money Order _____
Please make payable to our treasurer: LEANNE KITSKO