

THEN INDIA SANMARGA IKYA SANGAM

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MEMBERSHIP APPLICATION

(PLEASE PRINT)

1. NAME

FIRST NAME

MIDDLE NAME

SURNAME

FATHER'S NAME

MOTHER'S NAME

2. PERSONNEL DETAILS _____

OCCUPATION _____ SINCE _____

MOTHER TONGUE:TAMIL /TELEGU/MALAYALAM/OTHERS _____ (SPECIFY)

DATE OF BIRTH: ___/___/___ SEX : MALE / FEMALE CITIZENSHIP: _____

NAME OF SPOUSE: _____ SPOUSE FATHER'S NAME: _____

3. ADDRESS

POSTAL ADDRESS _____

HOME ADDRESS _____

TEL. BUS. _____ RES. _____ FAX. _____

DISTRICT _____ BRANCH _____

4. MEMBERSHIP STATUS : I AM APPLYING FOR

_____ LIFE MEMBER

_____ ORDINARY MEMBER

5. SUBSCRIPTION : I ENCLOSE CHEQUE / CASH

FOR _____ BEING SUBSCRIPTION FOR _____ YEARS / LIFE MEMBERSHIP.

6. SIGNATURE: THIS INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE. I AGREE TO ABIDE BY THE RULES AND REGULATIONS AS LAID DOWN IN THE MEMORANDUM AND THE ARTICLES OF THE ASSOCIATION OF SANGAM

SIGNATURE

DATE

HEAD OFFICE : APPROVED / REJECTED

SERIAL NUMBER: _____