

THEN INDIA SANMARGA IKYA SANGAM

P. O. BOX 9, NADI, FIJI TEL: (679) 6700016 FAX: (679) 6703777 EMAIL: admin@connect.com.fj



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: _____