

MEMBERSHIP FORM

Name of the Person : _____

Permanent Address : _____

Address for correspondence : _____

Telephone Numbers (Office) :

(Residence) :

(Mobile) :

E-mail : _____

Age & Date of Birth :

Sex : Male Female

Marital Status : Married Unmarried

Occupation : _____

Name & Address of the organisation : _____

Hobbies : _____

Specific personal achievements : _____

Positions held, if any : _____

Club membership, if any : _____

Association with other Charitable Organisations, if any : _____

Possible areas of co-operation as a 'Friend of the House' (Please mark)

Money Sponsorships Materials Services Influence Others

Place :

Date :

Signature

For Office use only

Referred By: _____ Membership granted: Yes No

Membership No: _____ Director