



Ramgarhia Sabha

53/57 Oswald Road, Southall, Middlesex, UB1 1HN



* mandatory fields,

Application for Life Membership

NO.

Fees >>> Life: £ 25.00 OAP Life £15.00 Date of Birth* / /

Full Name* <input type="text"/> Mr/Mrs/Ms	PHOTO											
Surname* <input type="text"/>												
Father's/Spouse Name <input type="text"/>												
Gender >>* <table border="1" style="display: inline-table;"><tr><td>Male</td><td><input type="checkbox"/></td></tr><tr><td>Female</td><td><input type="checkbox"/></td></tr></table> martial status >> <table border="1" style="display: inline-table;"><tr><td>single</td><td><input type="checkbox"/></td><td>divorced</td><td><input type="checkbox"/></td></tr><tr><td>married</td><td><input type="checkbox"/></td><td>Widowed</td><td><input type="checkbox"/></td></tr></table>		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	single	<input type="checkbox"/>	divorced	<input type="checkbox"/>	married	<input type="checkbox"/>	Widowed
Male	<input type="checkbox"/>											
Female	<input type="checkbox"/>											
single	<input type="checkbox"/>	divorced	<input type="checkbox"/>									
married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>									

Address in UK* <input type="text"/>	Post Code* <input type="text"/>
Telephone* <input type="text"/>	Mobile >> <input type="text"/>
E-mail> <input type="text"/>	
Profession <input type="text"/>	
Any other information <input type="text"/>	

Declaration

I solemnly declare that the information given above is correct. I have read **The Trust Deed of Ramgarhia Sabha, Southall** and I agree to abide by the same and any bylaws of The Ramgarhia Sabha.

Data Protection Act 1998: I hereby consent to the processing of my personal data and information supplied on this form which may be used by The Ramgarhia Sabha.

Please treat any donation made by me as GIFT AID. I declare that I have paid Incometax/Capital tax at least equal to the Tax Reclaim by Ramgarhia Sabha, Southall.

Signature Date

We propose the above named and recommend him/her for the membership of The Ramgarhia Sabha, Southall

PROPOSED BY	Member NO. <input type="text"/>	SECONDED BY	Member NO. <input type="text"/>
Name <input type="text"/>		Name <input type="text"/>	
Signature <input type="text"/>		Signature <input type="text"/>	

For Office Use Only

Date Application Received.....	Membership NO. <input type="text"/>
Receipt NO.....Fee Paid £	Date Approved by Committee.....Signature.....