



Gujarati Cultural Society

(Please complete this form in CAPITAL LETTERS OR TYPE)

Year.....

Title			
First Name*			
Last Name*			
Occupation			
Your Spouse's Name*			
Single Parent Family (CIRCLE)*		YES	NO
Address - First Line*			
Address - Second Line*			
Address - Town/City*			
Address - Country*			
Address - Post Code*			
Tel No.at Work			
Tel No. at Home			
Tel No. - Mobile*			
Tel No. - Mobile Spouse			
Email Address*			
Email Address Spouse			
Unmarried Children(s) living with the family at above address please complete below			
Name 1 st Child*		DOB *	Sex*
Name 2 nd Child*		DOB *	Sex*
Name 3 rd Child*		DOB *	Sex*
Name 4 th Child*		DOB *	Sex*
Preferred Mode of contact*	Email	Text	Letter

***MANDATORY**

I wish to become a fully paid up member of the GUJARATI CULTURAL SOCIETY. I understand that I will be a fully paid member and my spouse will be an associate member of the society.

I agree to abide by the rules and regulations of the Society and agree to inform the Secretary of any changes to the above information.

Signature

Date

(FOR OFFICIAL USE ONLY)
APPLICATION APPROVAL BY EXECUTIVE COMMITTEE

Proposed by Seconded by

NB the Proposer and Seconder must be in good standing within the Executive Committee and have fully paid up members for minimum of TWO years



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Please return completed Form to: The Secretary, 4 Lodge Court, Shoreham by Sea, W Sussex BN43