

# SCUNTHORPE Malayalee Association (SMA)

## Application for Membership

### APPLICATION FORM:

NAME: ADDRESS:	
POST CODE:	
<b>Please enter your EMAIL address here:</b>	
Full Home TEL NO:	MOBILE NO:
DATE OF BIRTH	Address in India:  Full Tel No: in India.
Spouses Name:	Date of Birth
Childrens name: (Below 18)	Date of Birth
Hobbies, Interests:	
I agree to pay membership fees of £            per year. <b>(Bank standing order preferred)</b>	
<b>Yearly Individual Membership Fees:</b>	<b>Yearly Family Membership Fees:</b>
I wish to enroll as an <b>Individual member</b> / <b>Family membership</b> of Scunthorpe Malayalee Association. <b>(circle as appropriate)</b> I hereby agree to abide by the rules and regulations of the Association. I agree to include the details in the member directory.	
Signature:	Date:
<b>FOR OFFICE USE ONLY</b>	
MEMBERSHIP NUMBER:	
<b>Completed form return to:</b>	<b>Dr G. Thomas. 1, Belvedere drive, Scunthorpe, DN171DZ</b>