



MEMBERSHIP APPLICATION FORM FOR VALAND SAMAJ TEMPLE

The Secretary
Valand Samaj Temple
P.O Box 43893(00100). G.P.O.
Nairobi, Kenya.

DATE:

Dear Sir/Madam,

APPLICATION FOR MEMBERSHIP (TO BE FILLED IN BLOCK LETTERS)

Mr./Mrs./Miss
[SURNAME] [FIRST NAME] [MIDDLE NAME]

Hereby apply for the membership of Valand Samaj Temple, Nairobi and agree to abide by the constitution of the Mandal. I give below further particulars of myself and my family.

BIRTH DATE: TELEPHONE NUMBER(S):
PLACE OF BIRTH: MOBILE:
POSTAL ADDRESS: EMAIL:

PROFESSION/OCCUPATION: VILLAGE/TOWN OF ORIGIN IN GUJARAT (INDIA):
WIFE'S/HUSBAND'S NAME: RELIGION:

NO.	CHILDREN'S NAME	AGE	OCCUPATION
1.			
2.			
3.			
4.			

RECOMMENDED BY:

1. FULL NAME: 2. FULL NAME:
ADDRESS: ADDRESS:

*This application must be recommended by any two members of the Mandal known to the applicant

Yours Faithfully,

(APPLICANT'S SIGNATURE)