

VAISHNAV PARIVAR [NZ] INC.

Application for Membership

(Mr / Mrs / Ms / Dr)

Surname: _____

First/Middle Name (s): _____

Occupation: _____ Qualification: _____

Name of Spouse: _____

Occupation: _____ Qualification: _____

Names of Children:

1. _____ (age) 2. _____ (age)

3. _____ (age) 4. _____ (age)

5. _____ (age) 6. _____ (age)

Applicant's Address: _____

Suburb : _____ City: _____ Post Code: _____

Tel: (Home): _____ (Work): _____ (Mob): _____

Email: _____

Postal Address (if different) _____

Special Interest of Applicant /Spouse(if any): _____

I agree to observe, and be bound by, the provisions of the Constitution.

Date: _____

Signature of Applicant

Membership Approved on _____

Membership Fee paid – receipt no: _____ dated: _____