

Hamilton Kerala Samajam Incorporated

Membership Application Form

Full Name of applicant (expand initials)
Postal Address

Phone (Res.) (Work)
Mobile Email :

Are you a person of Kerala ancestry	:	Yes / No
<i>If no</i> , do you have legal relationship with a person having Kerala ancestry and who is a member of Samajam	:	Yes / No
Have you completed 18years of age	:	Yes / No
<i>If no</i> , attach a separate sheet of consent from parent/guardian		
Age / Date of birth (Optional)	:	
Are you a member of similar organisations in New Zealand	:	Yes / No
<i>If yes</i> , provide names:		
Have you ever been a member of Samajam previously	:	Yes / No
<i>If yes</i> , provide reasons for leaving :		

Spouse's Name	:	
Children under 18years :	Name	Age/Date of Birth
	1)	
	2)	
	3)	

Declaration
I(full name) declare that, to the best of my knowledge, the details given above are correct. I understand that if any false or deliberately misleading information is given, my membership will be terminated. I affirm that I will abide by the rules of the Samājam. I have no objection to the Samajam Officials revealing my contact details to others for the purpose of sharing the information of the Samajam.

Date:

Signature

OFFICE USE	Approved by the Executive Committee:	<input type="text" value="Yes / No"/>
Fees Paid: \$ <input type="text"/>	Date of Joining: <input type="text"/>	Membership No: <input type="text"/>