

Dahisara Membership Form

Please complete the form in BLOCK CAPITAL LETTERS

Your Details

First Name:

Fathers Name:

Atak:

Occupation:

Your Address:

Door Number/House Name:

Street Name:

Town/City:

Post Code:

Telephone Number:

Mobile Number:

Email Address:

Spouses' Details (If Applicable)

Spouse's Name:

Spouse's Occupation:

Children (If Applicable) – Please list in order of age:

1. Name: (Son/D'ter)

2. Name: (Son/D'ter)

3. Name: (Son/D'ter)

4. Name: (Son/D'ter)

5. Name: (Son/D'ter)

Please send your completed form and a cheque for **£25** to:

Mr Premji Keshra Khimani
Dahisara Mitramandal – Membership
33 Rose Glen
Kingsbury
London, NW9 0JR

Cheque should be made payable to: **DAHISARA MITRAMANDAL**

