St.Thomas Indian Orthodox Pazhayapally MGOCSM
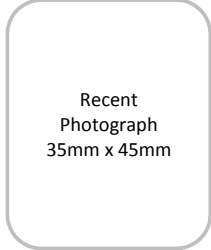# Ahmadi - Kuwait

APPLICATION FOR MEMBERSHIP
(Fill the form in "B L O C K   L E T T E R S")

Recent Photograph 35mm x 45mm

Name of Student: ....

Kuwait Civil ID No: .... **Gender:** Male / Female

Date of Birth: DD .... MM .... YYYY .... **Age:** ....

School: .... **Class:** ....

Parent Name:Mr/Mrs .... **Church Membership No.:** ....

CONTACT DETAILS

Present Address	Area	Block	Street	Building	Floor	Flat

Telephone & Email	Mobile	WhatsApp	Residence

(preference for gmail)

	Work	Email

Incase of Emergency: Name .... **Telephone** ....

Signature of Parent: …………………………………….   Signature of Student: …………………………………….

FOR OFFICE USE ONLY

Received on: ....   Date Joined: ....

Secretary: ....   Approved By: President / Vice President

Signature : ....   Signature : ....

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