

KALAM CAMPUS, NEAR KOLLUR BRIDGE, MEDICAL COLLEGE P.O, KANNAMMOOLA, TRIVANDRUM 695011. PHONE: +91 8593033111, 0471 2554077 EMAIL: KALAM.ACT@GMAIL.COM WWW.PNKALAM.COM Photo

## **MEMBERSHIP FORM**

				Please co	mplete	all the details below	v in CAPIT.	AL letters. Tick whe	re appropriate.
Type of Membership	☐ Indiv	idual	Couple	☐ Fami	у	Student			
Name(s)									
Age(s)		II	) proof						
Office Address				Residence Address					
Email Address									
Use this address for Newsletter delivery					R	esidence		Email	
Home Phone		Office P	hone		Mob	ile			
Fields of Interest	☐ Theatre ☐ Folk Dance ☐ Art Films ☐ Art Books	Films Hindusta Classical Photogra	Dance	Puppetry Childrens P Documenta Others		☐ Fine arts Exhi ☐ Folk Music ☐ Yoga	bitions	Contemporary/M Craft Shows Carnatic Music	odern Dance
Area of interest	Performance	Acting		Direction	T	echnical			
Are you a returning	member?	Yes		☐ No					
How long have you be Prasanth Narayanan's			r before	∏I yeaı		2 years		3 or more year	'S
Rules and Regulations	close the gat	es once the on without	programm	nes begin. • Se	ating a	rrangements wil	l be on a	gement reserves first come first : Additional fees n	served basis.
		I	have reac	I the terms a	nd co	nditions.			
	I enclose my	cheque / c	ash / draf	t for ₹	•••••	towards my	membe	ership	
Date:						Chagues are to be	_	nature: our of Prasanth Nar	ravanan's Kalam
				For office use		Cheques are to be o			ayanan S Naidii
Application No :									
Assessment :									
Payment Details	:								

Seal:

Signature: