

VSUK MEMBERSHIP FORM



Veerashaiva Samaja of United Kingdom
Regd Charity Number 1003408

To be completed by the applicant. Membership Type (Life / Annual):

Title : (Dr/Mr/Mrs/Ms) _____

Surname : _____

First Name : _____

Spouse (Mr/Mrs) : _____

Children : (Mr/Miss)

1. _____
2. _____
3. _____
4. _____

Address:

Email :

Tel (Home as well as Mobile) :

I give my consent to put my details in the VSUK directory and the mailing list.

Signature:

Date:

Please forward the completed form along with a cheque to the Treasurer / Secretary.