

# 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.