



## CHIRAYINKEEZHU THALUK WELFARE ASSOCIATION

Reg. No.7056/Norka/Assn/UAE/2003

### APPLICATION FOR MEMBERSHIP

Date:---/---/---

<b>Name in Full</b>	
<b>Passport Number</b>	
<b>Age &amp; Date of birth</b>	
<b>Marital Status</b>	
<b>Educational Qualifications</b>	
<b>Permanent Home Address</b>	
<b>Contacts in UAE</b>	
<b>Details of present employer</b> (If self employed please specify details)	
<b>Visa Expiry</b>	
<b>Emergency local contact</b>	
<b>Emergency contact in home town</b>	
<b>Hobbies or Interests</b>	
<b>Blood Group</b>	
<b>Emergency Medicine if any</b>	
<b>Details of dependants</b> (If unmarried please mention the details of parents. Also state whether family is in UAE or in home town)	
<b>Do you have a history of any inherited disease? If yes please specify.</b>	
<b>Do you smoke or chew tobacco</b>	Yes <input type="checkbox"/> N <input type="checkbox"/>

<b>Do you consume alcohol</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do you have any specific information or details that the association have to take care of</b>		

**DECLARATION**

I, .....have thoroughly understood the aim of the Association and here by confirms that I will strictly follow the rules and regulations of this Association and will take every effort to promote harmony among the members irrespective of cast, creed, colour and gender of the members. In this effort I will abide by the rules and regulations of this country and will not harm the society or the environment.

Also I confirm that I will not use this Association to foster any activities which could harm the interest of India or UAE.

Signed:.....

For Official Use

<b>Member Registration No.</b>	
<b>Date Membership Awarded</b>	
<b>Fee Paid on</b>	
<b>Donations made if any</b>	