

# DUNDALK INDIAN ASSOCIATION

## Membership Application Form

Family (Yearly)   
 Single (Yearly)

Applicant Name		Date of Birth	Hobbies & Interests
First Name	Last Name	Date / Month	

Spouse Name		Date of Birth	Hobbies & Interests
First Name	Last Name	Date / Month	

Children Names	Date of Birth	Hobbies & Interests

Wedding Anniversary: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address in India: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile 1 \_\_\_\_\_ Mobile 2 \_\_\_\_\_

### Declaration

I/we wish to enrol as a member of the Dundalk Indian Association. If accepted as a member, I/we, agree to uphold the objectives and abide by the rules of the Association. I/we agree to pay €10/€5 now and thereafter annually, as my/our yearly subscription fee.

Applicant  
Signature  
Date

Spouse  
Signature  
Date

### FOR OFFICE USE ONLY

Proposed by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

This application was accepted / rejected by the Board of Directors meeting held on \_\_\_\_\_

If rejected, reason:

Signature of Chair: \_\_\_\_\_

MEMBERSHIP NO:

D	I	A				
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Standing Order Mandate Completed: YES / NO