ZINDGANI
(Asian Men's Group)
Charity No. 1117699

MEMBERSHIP APPLICATION FORM

Your Details			
Name:		**Home Tel:**	
Address:		**Mobile Tel:**	
		D.O.B:	
Post Code:			
eMail:			

Emergency Contact			
Name:		**Home Tel:**	
Relation:		**Mobile Tel:**	
Any Health Issues:			
GP. Name:		**GP Tel:**	
GP. Address:			

Activities/Learning – I am interested in (Please tick all that apply)					
Computing		Exercise		Reading	
Art/Craft		Swimming		Music	
Card Games		Board Games		Table Games	
Any other Interests					

I will abide by the rules and regulations laid down in the constitution and voluntary will serve the group as and when I can.			
Signature:		**Date:**	