

Nottinghamshire & Derbyshire Lohana Community

Membership Application Form 2010/2011

PLEASE COMPLETE ALL SECTIONS USING BLOCK CAPITALS

Title: MR / MRS / MISS / MS / DR / SIR / Other

Surname:

Forenames:

House no. & Street:

Town: City:

County: Post Code:

Home Telephone: Mobile:

E-mail:

Occupation:

Spouse's Name:

Spouse's Maiden Name:

Spouse's Occupation:

Father's Name:

Children:

Name	Age group (years) tick appropriate box			
1	0 - 10	11 - 18	19 - 25	26 - 30
2				
3				
4				

Adult Family Members residing with head of the family at the same postal address

Name	Relationship to Head of Family
1	
2	
3	
4	
5	

Emigrated from (Town & Country):

Originally in India from (Town):

The Nottinghamshire & Derbyshire Lohana Community (LCND) is committed to protecting the rights and privacy of members in accordance with the provisions of the Data Protection Act 1998. Your information will be kept confidential and will be used solely by the LCND and will not be passed to any other third party organisations unless required by law.

Signature: Date: