|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CSI Logo.jpg | St. Paul’s CSI Congregation  Ahmadi, Kuwait | | | | | | | | 7, Sixth Street  North Ahmadi, Kuwait 64018 Phone: +965 2371 4088 / 97614328 email: vicar@csiahmadikuwait.com secretary@csiahmadikuwait.com | | | |
| **APPLICATION FORM FOR MEMBERSHIP** | | | | | | | | | | | | |
| **NAME:** | |  | | | | | | | | | | |
| **DATE OF BIRTH:** | |  | | | | | **MARITAL STATUS:** | | | | **MARRIED** | |
| **HOME PARISH:** | |  | | | | |  | | | | **SINGLE** | |
| **ADDRESS:** | | **KUWAIT** | | | | | **INDIA** | | | | | |
|  | |  | | | | |  | | | | | |
|  | |  | | | | |  | | | | | |
|  | |  | | | | |  | | | | | |
|  | |  | | | | |  | | | | | |
| **CELL NO:** | |  | | | | |  | | | | | |
| **RES NO:** | |  | | | | |  | | | | | |
| **EMAIL:** | |  | | | | |  | | | | | |
| **DATE OF MARRIAGE:** | | |  | | | | **NUMBER OF CHILDREN:** | | | | |  |
| **NAME** | | | | **RELATIONSHIP** | | **DATE OF BIRTH** | | **DATE OF BAPTISM** | | | | **DATE OF CONFIRMATION** |
|  | | | |  | |  | |  | | | |  |
|  | | | |  | |  | |  | | | |  |
|  | | | |  | |  | |  | | | |  |
|  | | | |  | |  | |  | | | |  |
|  | | | |  | |  | |  | | | |  |
|  | | | |  | |  | |  | | | |  |
| I do promise to abide by the rules and regulations as per the constitution of the congregation and pay an yearly subscription of KD. \_\_\_\_\_\_\_\_\_\_\_\_\_ (In words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ towards its support.  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | **REQUIREMENT** | | |
|  | | | | | | | | | | * Certificate/letter from home parish/church. * Pay prescribed membership subscription amount. | | |
| **FOR OFFICE USE ONLY** | | | | | | | | | | | | |
| **EXECUTIVE COMMITTEE** | | | | | **VICAR / PRESIDENT** | | | | | **SECRETARY** | | |
| Approved  Disapproved  **(Office Stamp & Date)** | | | | | Approved  Disapproved | | | | | Approved  Disapproved | | |
|  | | | | | Signature Date | | | | | Signature Date | | |