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| CSI Logo.jpg | St. Paul’s CSI CongregationAhmadi, Kuwait | 7, Sixth Street North Ahmadi, Kuwait 64018Phone: +965 2371 4088 / 97614328email: vicar@csiahmadikuwait.comsecretary@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 |