



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 SINGLE	
HOME PARISH:					
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	
				<ul style="list-style-type: none"> Certificate/letter from home parish/church. Pay prescribed membership subscription amount. 	
FOR OFFICE USE ONLY					
EXECUTIVE COMMITTEE		SECRETARY		VICAR / PRESIDENT	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <div style="text-align: center; color: red;">(Office Stamp & Date)</div>		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Signature _____ Date _____		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Signature _____ Date _____	