



Sree Ayyappan Kovil



ശ്രീ ജയപ്പൻ കോയിൽ



ശ്രീ അയ്യപ്പൻ കോവിലിൽ

36 Masons Avenue, Harrow, Middlesex, HA3 5AR Tel : 020 8861 5825

Membership Application Form

Membership Type Honorary Life Membership Ordinary Membership

Applicant Information

Surname:		
Fore Name:		
Other Name:		
Telephone No:		Mobile No:
Email id:		
Date of Birth:		
Current Address:		
	Postal Code _____	

Spouse & Children Information if membership privileges desired

Your Star Sign:	
Spouse Name:	
Star Sign:	
1st Child's Name:	
Star Sign:	
2nd Child's Name:	
Star Sign:	
3rd Child's Name:	
Star Sign:	
4th Child's Name:	
Star Sign:	

Payment Method

CASH **CHEQUE** **STANDING ORDER**

Click here to authorize the use of your email and address for future communications

I do hereby declare that I will abide by the constitution of *Sri Ayyappan Kovil (London)*; I understand that it is my responsibility to maintain the subscription.

Signature of Applicant:	Date:
Signature of Spouse, only if for a joint membership:	Date:

Office Use only

Received on: ___/___/___	Received By: _____	Authorised By: _____
Membership No Allocated		Date ___/___/___