



# SINDHI ASSOCIATION OF U.K.

Sindhi Centre, 230A Kenton Road, Harrow, Middlesex HA3 8BY  
Tel. 020 8909 2151 Fax 020 8909 2144  
Website: [www.sindhiassociation.org.uk](http://www.sindhiassociation.org.uk)  
Email: [info@sindhiassociation.org.uk](mailto:info@sindhiassociation.org.uk)  
Registered Charity No. 282447

## LIFE MEMBERSHIP FORM

### Applicant Details:

Title: Mr/Mrs/Ms/Dr (delete as appropriate)

First Name: .....

Last Name: .....

Email: .....

Mobile: .....

Occupation: .....

Full Postal Address: .....

.....

Town ..... Post Code .....

Country .....

Residential telephone ..... Fax .....

Personal Website .....

Membership Fee Enclosed Y / N (please circle). Make cheque payable to 'Sindhi Association of UK'

**Please tick this box if you agree that your email address can be passed onto Holy Mission of UK (Sindhi Mandir) and Sadhu Vaswani Centre to receive Sindhi Community Info in collaboration with them.**

*SAUK members will receive emails regarding forthcoming events/announcements and their details will be included in the Sindhi directory. In some instances, SAUK may communicate through text messaging and community news through our collaboration with SindhiCommunity.co.uk. Members should advise SAUK of any changes in personal details such as address, email and telephone numbers. Occupation details will not be listed in the Sindhi directory.*

*If you have a business, please fill in the details on the attached Business form.*

*If you have any children and/or grandchildren in UK, please fill in their details on the attached Youngster form.*

***For children under 16 years of age, the parent/guardian needs to sign the Youngster Database form.***

Applicant Signature .....Date .....

I wish to propose .....to be elected as a life member of Sindhi Association of UK (SAUK).

Proposing SAUK Member Signature .....Date .....

Executive Committee Approval .....Date .....



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### BUSINESS DETAILS

Business Name: .....

Business Full Postal Address: .....

.....

Town ..... Post Code .....

Country .....

Business telephone ..... Fax .....

Business email: .....

Business Website .....

Business Type: .....

Business Contact .....



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### YOUNGSTER DETAILS

Youngster Details:

Youngster Details:

Title: Mr/Mrs/Ms/Dr (delete as appropriate)

Title: Mr/Mrs/Ms/Dr (delete as appropriate)

First Name: .....

First Name: .....

Last Name: .....

Last Name: .....

Date of Birth .....

Date of Birth .....

Spouse Name (if married) .....

Spouse Name (if married) .....

Email: .....

Email: .....

Mobile: .....

Mobile: .....

Occupation: .....

Occupation: .....

Full Postal Address: .....

.....

Town ..... Post Code .....

Country .....

Residential telephone ..... Fax .....

***For children under 16 years of age, the parent/guardian must sign this form.***

Parent/Guardian signature ..... Date .....