

Mauritius Arya Ravived Pracharini Sabha
APPLICATION FOR MEMBERSHIP

SURNAME Mr. /Mrs ./Miss/Dr

MAIDEN NAME (if applicable)

OTHER NAME/S

DATE OF BIRTH N.I.C. N°.....

GENDER MARITAL STATUS

RESIDENTIAL ADDRESS

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TELEPHONE NUMBER (Res.) Mob.

CONSTITUENCY..... EMAIL

Are you a member of a Shakha of MARVPS? Yes No

If Yes, state the name of the Shakha and its address:

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OCCUPATION

Name of employer:

If you are self-employed, Name of your company:

Services offered:

Address of your business:

Do you agree to be listed in our database as a service provider or on our website? Yes No

Services offered:

Do you agree to receive regular updates/news from MARVPS? Yes No

Are you willing to participate in the activities of MARVPS? Yes No

Date: Signature:

For office use:

Membership application is recommended by

Signature

(1)

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(2)

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