



# MALAYALEE ASSOCIATION OF CHELTENHAM

മലയാളീ അസോസിയേഷൻ ഓഫ് ചെൽട്ടൻഹാം

## MAC MEMBERSHIP APPLICATION FORM

### MEMBER DETAILS:

Title & Full Name:				Hometown in India:		
Current Address in the UK:	House #/ Street:			City:	County:	Post Code:
Telephone Number :	Home:			Mobile:		
WhatsApp #:						
Email id:						

### OTHER FAMILY MEMBER DETAILS

Relation	First name	Surname	M/F	DoB	Profession	Contact Number

**Applicant: Please Turn Over and Sign the Application**

**MAC Officer:** Please tear off the section below & hand over to the New Member after obtaining his/her signature at the back of this form



Cut Here:

Cut Here



### DECLARATION: APPLICANT TO RETAIN

- I confirm that all information given is true and correct. In accepting the membership, I agree to abide by the Constitution of the Malayalee Association of Cheltenham [MAC].
- I confirm that I am not a member of any other Malayalee Association in the UK.
- I hereby declare that the Malayalee Association of Cheltenham has the right to use the information provided, including photographs taken at various MAC events for the purpose of the membership and for any communications regarding the activities & performance of MAC in publications, souvenirs and in digital format.
- I understand that the membership application is subject to approval by the Executive Committee and membership subscription fee is non-refundable.
- I understand that it is my responsibility to notify MAC of any change in my personal particulars. The Institute will not be responsible for any loss or damage that may arise due to incorrect or outdated records.
- I understand my membership will only be active upon the requisite membership fee payment.
- I will pay the required membership fee by Standing Order (SO) into **Malayalee Association of Cheltenham; Barclays Bank; Sort Code: 20-45-45; Account #: 33212440**

**Membership Fee: £3/ calendar month**





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Signature:

Date:

FOR OFFICE USE: Comments if Any

President:

Secretary:



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**MAC MEMBERSHIP TERMS & CONDITIONS**

**TO BE RETAINED BY THE APPLICANT**

**PLEASE SEE OVERLEAF**

