MEMBERSHIP APPLICATION FORM

Please complete ALL the fields (enter "N/A" if not applicable to you) Please type, save, and email the completed form to admin@oshwal.org



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TITLE Mr/Mrs/Miss/Other	Date of birth (dd/mmm/yyyy)					
FIRST NAME	Place of birth (town, country)					
Father's Name	Relationship to Household (i.e. Self/Husband/Wife/Son/Daughter/etc)					
Crandfathar'a Nama						
Chausa Nama						
Spouse Name						
Address Details						
House Name / No.	Telephone Home					
Street	Telephone Office					
Street	Mobile					
Town	Personal Email 1					
County	Personal Email 2					
Post Code	If you wish to receive OALIK eNewsletters, CLICK HERE					
Other Details						
Nukh	Area					
(Family Name – Malde, Haria, etc)	(North, North West, etc)					
Name of Village (Chela, Dabasangh, etc)	Class of Membership (Life / Associate)					
Residence prior to UK	Disability Information					
Business Type	In order to provide our members with better support,					
	we are requesting completion of disability gathering information using the link below. https://oshwal.org.uk/disability-information-gathering/					
Qualification						
Qualification	nttps://osnwar.org.uk/disability-information-gatifering/					
Declaration (must be signed by the application						
subscription fee. I declare that the information s and I agree to abide by the Laws and Bylaw	dicated above and enclose a sum of £ towards the membership stated above is complete and true. I am a resident of the United Kingdom /s / Rules of the Association and any rules & regulations amended from time to time. I understand it is my responsibility to update the office					
Applicant	Date					
	evoke Membership for any false declaration / misrepresentation.					
Details of Membership Subscription	(effective 1 January 2024) For Office Use Only					
Full Membership is only available to Oshwal resident	Date Received					
 £150.00 - Associate Member (expiring on 31st Dec £75.00 - Full Life Membership (Ages 16+) 	ember 4 year after year of issue) Receipt No.					
Unless otherwise stated, OAUK will send any n						
<i>media.</i> Please tick the box if you would prefer to receive a						
Please confirm how you would like your name to appear on the						
(default: First Name – Spouse or Father Name - Surname) DO NOT SEND CASH IN THE POST. Cheques made pay	vable to 'OAUK'					
For Direct Bank Transfer: Barclays Bank, Bank Account						