

MEMBERSHIP APPLICATION FORM

Membership No: \_\_\_\_\_  
(Office Use)

First Name	<input type="text"/>	Last Name	<input type="text"/>
Date of Birth	<input type="text"/>	Gender	<input type="radio"/> Male <input type="radio"/> Female
Status	<input type="radio"/> Single <input type="radio"/> Married	Profession	<input type="text"/>
Street	<input type="text"/>	Postal Code, City	<input type="text"/>
e-mail	<input type="text"/>		
Mobile	<input type="text"/>	Telephone	<input type="text"/>

**Family Members**

Given Name (First, Last)	Date of Birth	Gender	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Membership Plan</b>	<input type="radio"/> Family Members 30 € / Calendar Year	<input type="radio"/> Adult Individual Member 20 € / Calendar Year	<input type="radio"/> Student Member 10 € / Calendar Year
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1. The minimum age for applying for the membership is 18 years.
2. The application will be processed only after the remittance of the membership fee. It can be withdrawn within 14 days by sending a request.
3. The process of reviewing and deciding upon the application rests with the Board.
4. The membership for the next calendar year can be cancelled by sending a request on or before 30th November of the current calendar year.
5. Membership is non transferable and it is auto-renewed for a period of one year if not cancelled.
6. Member should not use Frankfurt Tamil Sangam for personal or professional benefits.
7. Member should not represent Frankfurt Tamil Sangam in media or any other public forum without prior approval from the Board.

I agree to the above Terms and Conditions of the Frankfurt Tamil Sangam.

\_\_\_\_\_  
Date, Place

\_\_\_\_\_  
Signature

For Office use only

Membership No: \_\_\_\_\_

**Membership Confirmation**

Member Name \_\_\_\_\_ Membership Plan \_\_\_\_\_ The membership fee paid for the  
Frankfurt Tamil Sangam, for the calendar year \_\_\_\_\_ is \_\_\_\_\_ Euro (in words \_\_\_\_\_)

\_\_\_\_\_  
Date, Place

\_\_\_\_\_  
Signature of Secretary / Treasurer