THE SHARJAH MARTHOMA CHURCH P.O.Box Number 2106, Sharjah - U.A.E. Tel.: 5669868, Fax: 5674879, Parsonage: 5674876



APPLICATION FORM FOR MEMBERSHIP

(TO BE FILLED IN CAPITAL LETTERS)

To,		
The Vicar		
Marthoma	Church,	Sharjah

РНОТО (Head of the

	•					Family)	
	s a member of the N	a Marth	oma Sy	/rian Chri	stian, now residi	ng in UAE, wish to	
			Sharja				
Church ID No.	Full Name (Head of the				Join Date		
	Family)				Date of Birth		
Pet Name					Date of Birtii		
PRESENT ADDRESS & DETAILS			PERI	PERMANENT ADDRESS & DETAILS			
Address P.O.Box							
City State/Dist.							
Area							
Phone (Res)	(O)	(M)					
Email				Home Pa	rish		
Street							
Building		Flat		Father			
Route	Married D	FIr.		Mother			
M.Status Employer	IVIAITIEU D	ate		Settled Reference	a Parson		
Occupation				"	Tel. No.		
Receipt No.	Date		Promised Monthly Subscription Dhs.				
FAMILY DETAILS							
Name	Pet Name	Occupation	Date	of Birth	Date of Marriage	Relation with Head of the Family	
						WIFE	
I do hereby agree	to be governed by the	constitution of the Ma	⊥ rthoma S	Syrian Chur	rch.		
Signature of the Applicant				Date			
Membershin grant	ed and entered in the F	Parish Register					
		-	0.	60.			
Date: Signature of the Vicar: Please enclose the following: (1) LETTER FROM THE VICAR OF HOME PARISH (2) PASSPORT COPY WITH RESIDENCE PAGE (3) PHOTO (Head of the family)							