

# THEN INDIA SANMARGA IKYA SANGAM

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## MEMBERSHIP APPLICATION FORM FOR LIFE MEMBERSHIP

APPLICATION  
NUMBER  
[ FOR OFFICE USE]

### 1. NAME

FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_

SURNAME \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

**Membership to the TISI Sangam is to individuals as per the MOA clauses 4 to 8.**

### 2. PERSONNEL DETAIL

OCCUPATION \_\_\_\_\_ SINCE \_\_\_\_\_

MOTHER TONGUE:TAMIL /TELEGU/MALAYALAM/OTHERS \_\_\_\_\_ (SPECIFY)

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ SEX: MALE / FEMALE CITIZENSHIP: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

SPOUSE FATHER'S NAME: \_\_\_\_\_

Is your spouse a member YES/NO. If yes Membership Number \_\_\_\_\_

### 3. ADDRESS

POSTAL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TEL. BUS. \_\_\_\_\_ RES. \_\_\_\_\_ EMAIL \_\_\_\_\_

DISTRICT \_\_\_\_\_ BRANCH \_\_\_\_\_

**4. Life Membership fee of \$35.00** payable upon approval of your membership by the TISI Sangam Council of Management.

A further **\$5.00 fee** will be levied for your ID Card upon the approval of your membership.

**5. REQUIREMENTS FOR MEMBERSHIP APPLICATION:** Birth Certificate (certified); 1 Passport size photo (certified); Valid photo ID – voter card is a must for Fiji Citizen (certified); Passport Copy or Driver’s License (certified) for Overseas Applicants.

For Malayalam Applicants the Original Man’s Pass is required with generation birth certificates which should match with the Man’s pass provided.

**Please note that all information needs to be fully completed in this form and requirements if photo copies then it must be True Certified by a JP or Commissioner of Oath.**

**WE DO NOT ACCEPT LIFE MEMBERSHIP APPLICATION THROUGH EMAILS.**

6. This membership application is moved & seconded by

Name : \_\_\_\_\_ LM # \_\_\_\_\_ (Mover) Signature : \_\_\_\_\_

Name : \_\_\_\_\_ LM # \_\_\_\_\_ (Seconder) Signature: \_\_\_\_\_

**(Mover and Seconder must be a Life Member and reside in applicants’ area)**

Membership application recommended by TISI Sangam – National Executives /District President/Secretary:

Name: \_\_\_\_\_ Signature : \_\_\_\_\_

LM # : \_\_\_\_\_ Date : \_\_\_\_\_

**DECLARATION (CHARACTER)**

1)  Have you been convicted at any time of any offence? 

Yes		No	
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2)  Are you currently facing any proceedings for any criminal charges? 

Yes		No	
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3)  Have you been declared a bankrupt or facing bankruptcy? 

Yes		No	
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If you have answered Yes to any of the above questions, then please explain in detail in space provided below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THIS INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, IS ACCURATE AND COMPLETE. I AGREE TO ABIDE BY THE RULES AND REGULATIONS AS LAID DOWN IN THE MEMORANDUM AND THE ARTICLES OF THE ASSOCIATION OF SANGAM.

SIGNATURE:..... (Applicant) DATE.....

**Note: Fees must be paid within 6 months after approval. If not, your application will lapse and will have to apply again.**