

Appendix 1

Application for membership of Indian Seniors Association West (ISAW)

I,of(address)
desire to become a member of ISAW. My details below

Email :

Phone : 04..

Year of Birth :

In the event of my submission as under, I agree to be bound by the rules of Association.

Signature :

Date :

I, the member of ISAW, nominate the applicant who is personally known to me. He / She is good to obtain the membership of the Association.

Approved :

1. Executive Committee Member Signature

2. Executive Committee Member Signature