



Individual Membership Application - FORM A

This application form is to apply for a Membership of GAA London, either as a Patron, Life, Associate or a Social Member. The membership covers only the **individual** applying to become a paid-up registered member. The membership does **NOT** cover their spouse or children over 18 yrs.

Membership of GAA London is subject to approval by the Management Committee. A Membership Card will also be issued upon approval.

Please use **black ink** and **CAPITAL** letters only.

Section 1: Applicant's Details

Title: Mr / Mrs / Miss/ Other _____

First Name(s): _____ Surname: _____

DoB (MM/YYYY): _____ (Month & Year only)

Address: _____

Post Code: _____

Home Tel: _____

Mobile Tel: _____

Email Address: _____

APPLICANT

PHOTO

35mm(W) x 45mm(H)

Section 2: Family Details

Spouse's Full Name (if applicable): _____

Father's Full Name: _____ City/Town of Birth: _____

Mother's Full Name: _____ City/Town of Birth: _____

Please include your ancestral home town in India and or any other part of the world (Africa, etc) to help identify your family lineage. This is normally the same as your father's ancestral home, even if you are born in the UK.

Origin in India (Town/City) : _____ Origin in Other Country: _____

Please fill this section if you have any children aged 18 yrs or Under.

CHILD	FULL NAME	DoB (MMYYYY)	GENDER
1			
2			
3			
4			



Gujarati Arya Association London
UK registered Charity No. 265170

www.gaalondon.org.uk

info@gaalondon.org.uk



Section 3: Fees & Payments

Memberships fees are one-off payments. All approved Memberships are valid for the entire duration of a person's lifetime (including 'YOUNG ADULT' Memberships), subject to Terms & Conditions in the GAA London Constitution.

I would like to apply for the following type of Individual Membership (please tick one box only):

MEMBERSHIP TYPE	STANDARD FEE	YOUNG ADULT FEE (18 -21 yrs ONLY)
Patron	£225 <input type="checkbox"/>	£101 <input type="checkbox"/>
Life	£51 <input type="checkbox"/>	£25 <input type="checkbox"/>
Associate (available to spouse only)	£35 <input type="checkbox"/>	£17 <input type="checkbox"/>
Social	£25 <input type="checkbox"/>	

Payment Methods (please tick one box only):

<input type="checkbox"/>	CHEQUE: Please make cheque payable to 'GAA London'
<input type="checkbox"/>	BANK: Name: GAA London, Account No. 13416631, Sort Code: 20-72-33, Ref: <i>(use name & surname)</i>
<input type="checkbox"/>	PAYPAL: Payment to Paypal.me/GAALondon (please send payment as Friend/Family to deter Fees)

Section 4: Reference

Please provide name & address of existing GAA London Member who can validate your application:
(can be a family member, friend, colleague or a GAA London committee member)

Referee's Full Name: _____ Contact No: _____

Address Details: _____

Section 5: Declaration

I hereby apply for a GAA London Membership. By signing this form, I give GAA London consent to hold my personal details on their database:

Signature : _____ Date: _____

The information you have provided will be held securely in the GAA London database and will only be held to administer your membership. If you would like to see the information we hold about you, please contact us with your personal identification.

Please send your completed form, together with a passport sized colour image & any cheque/proof of payment by:

POST: Secretary, GAA London, Kenton Hall, John Billam Fields, Woodcock Hill, Kenton, Middx HA3 0PQ
EMAIL: secretary@gaalondon.org.uk

Any Additional Information:

For further information regarding the completion of this form, please contact us at info@gaalondon.org.uk