

SHREE NAVNAT VANIK MAHAJAN – NAIROBI P.O.BOX 48545 – 00100 Nairobi | Tel: +254 721 436100 | Wireless: 020 2514636 E-Mail:

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AFFIX RECENT PHOTO (s)

(All members)

APPLICATION FORM FOR MEMBERSHIP

SURNAME	FIRST NAME		DDLE NAME
P.O.BOX No:	CODE	TOWN:	
OCCUPATION	NATIONA	LITY:	BLOOD GROUP:
		ould be unique to each h used for all communica	
TELEPHONE: RESIDENCE		OFFICE:	
MOBILE		E-MAIL	
PHYSICAL ADDRESS; BUSINESS:	:		
PHYSICAL ADDRESS; RESIDENC	E:		
DATE / PLACE OF BIRTH:		/	
CASTE E.g. Vanik / Baniya	/ PLACE OF ORIGIN E.g. Gujarat, Saurashtra, Cutch, Kathiawar		
			nav, Sthanakvasi, Deravasi, Mumuksh
SPOUSE'S NAME:		OCCUPATION:	BLOOD GROUP:
CHILDREN /S NAME: 1		GENDER	.DOBBLOOD GROUP:
2		GENDER	.DOBBLOOD GROUP:
3		GENDER	.DOBBLOOD GROUP:
INTRODUCING MEMBERS: MU	ST BE A MEMBER OF S	NVM - NAIROBI	
WE THE INTRODUCING MEMBE AND THE INFORMATION PROVI		APPLICANT IS A GUJARA	TI VANIK / BANIYA OF GOOD STANDING
1	M	IOBILE NO:	MEMBER NO:
2	N	MOBILE NO:	MEMBER NO:
SIGNATURES 1:		2	
MEMBERSHIP CATEGORY (PLI	EASE TICK):		
ORDINARY/ ANNUAL - KSh 2,5	00/=	DONOR - KSh 50,000/=	
LIFE - KSh 7,500/=		PATRON - KSh 100,000/	=

MEMBERSHIP FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE

ENCLOSED CHEQUE NO	AMOUNT – K.Sh
BANK	DATED
I CONFIRM THAT ALL THE FOREGOING INFO	ORMATION IS TRUE.
APPLICANT'S SIGNATURE:	DATE:
	TIONS TO BE ADDRESSED TO THE HON. SECRETARY. **TRIPLICATE** AN INCOMPLETE FORM WILL NOT BE ACCEPTED.
FOR OFFICAL USE ONLY:	
VERIFIED BY:	
NAME	SIGNATURE
ELIGIBLE	NOT ELIGIBLE
IF NOT ELIGIBLE, GIVE REASON (S)	
	IP:
CHAIRMAN NAME:	SIGNATURE:
SECRETARY NAME:	SIGNATURE:
ADMINISTRATION:	
APPLICANT INFORMED?	YES NO
F REJECTED, CHEQUE RETURNED?	YES NO
ASSIGNED MEMBERSHIP NO. (if Approved)):
MEMBERSHIP CARD RECEIVED BY	DATE DATE
S THE APPLICANT ADDED TO OUR ONLIN	E DATABASE? YES NO NO
DATE WELCOME EMAIL SENT	
	
DATE OF CONFIRMATION EMAIL BY MEME	