



Khyber Pukhtoon Welfare Association U.K.

Membership Application Form

Personal Information of Applicant

1. **Full Name:** Mr./Mrs./Miss. _____
2. **Address:** _____
3. **Postcode:** _____ **City:** _____
4. **Home Tel:** _____ **Mobile:** _____
5. **Date of Birth:** ____/____/____ (DD/MM/YYYY)
6. **Marital Status:** Married ☐ Single ☐
7. **Pakhtun Tribe:** _____
(Membership is open to ethnic Pakhtuns only)

Health Information

7. **Serious or Life-Threatening/Terminal Illness in Applicant:** Yes ☐ No ☐

If Yes, please specify:

Family Details (Covered Under Membership)

Please provide details for each family member covered under this membership (use additional sheets if necessary):

No	Name	Relationship	DOB	Chronic/ Serious Illness	Details
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Association Connection

8. **Name & Membership Number of a Relative in the Association (mandatory):**

Relationship to applicant: _____

Membership Fees and Contributions

9. **Membership Type:** Individual ☐ Family ☐

10. **Joining Fee:** £50 (Individual) ☐ £100 (Family) ☐

11. **Annual Subscription Fee:** £75 (Subject to annual review at the AGM)

12. **Preferred Method of Communication:** Email ☐ SMS ☐ Phone Call ☐
(KPWA is committed to sustainability and therefore only offers digital/paperless communication methods)

Declaration

I hereby apply for membership of the Khyber Pukhtoon Welfare Association U.K. and confirm that I have read and understood and agree to abide by its constitution and membership rules, terms & conditions. I confirm that the information provided above and for all listed dependents is accurate to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____

For Association Use Only

To be completed by two Cabinet Members for approval:

1. **Name:** _____ **Signature:** _____

Date: _____

2. **Name:** _____ **Signature:** _____

Date: _____

Total Payable (Joining Fee + Annual Subscription): £ _____

[NOTE: Membership entitlements commence three months after acceptance, in accordance with the constitution.]