



## 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:

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### 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):**

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**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:** \_\_\_\_\_

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## **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.]