



READING TAMU SAMAJ UK

MEMBERSHIP REGISTRATION FORM

TITLE: _____ NAME: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____

RTS MEMBERSHIP NUMBER: _____ RTS JOINED DATE: _____

SPOUSE'S NAME: _____

E-MAIL ADDRESS: _____

DEPENDANT(S):

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

UK HOME ADDRESS:

HOUSE NUMBER: _____ STREET/ROAD: _____

CITY: _____ COUNTY: _____ POST CODE: _____

MOBILE NUMBER: _____ HOME NUMBER: _____

NEPAL HOME ADDRESS:

HOUSE NUMBER: _____ VILLAGE/TOWN: _____ WARD NUMBER: _____

VDC/MUNICIPALITY: _____ DISTRICT: _____

ZONE: _____ HOME NUMBER: _____

SIGNATURE: _____ DATE: _____