

1. PERSONAL DETAILS

Title		Date of Birth	
First Name		Middle Name	
Surname		Nationality	
Father's Name		Mother's Name	
Spouse / Partner		Vanik Group *	
Marital Status			

*Vanik Group: Dasa Shrimali, Visa Shrimali, Dasa Sorathia, Visa Sorathia, Modh, Khadayta, Porvad, Kapol, Shrimali Soni Mahajan

2. CONTACT DETAILS

Address Line 1		Mobile	
Address Line 2		Telephone (Home)	
Town / City		Telephone (Work)	
Postcode		Email Address	
Country		Social Media	

3. MEMBERSHIP TYPE & FEES

Membership Type	Annual Fee	Details
<input type="checkbox"/> Patron	£251	One-off payment
<input type="checkbox"/> Life Member	£151	One-off payment.
<input type="checkbox"/> Annual	£71	Annual. (Runs on calendar year starting on 1 st of Jan)

4. PAYMENT

Cheque Payment

Make your cheque payable to "Vanik Association UK" and post it with this form (and photo if needed) to:

Membership Secretary, Vanik Association UK, 69 Pretoria Road, Streatham, London SW16 6RL

Digital Payment

Complete this form electronically and email it, along with a photo, to info@vanik-association-uk.com. Then transfer the membership fee by bank transfer:

Account Name	Vanik Association UK
Account Number	00903078
Sort Code	20-21-78
Reference	"Membership" + your name

5. GIFT AID DECLARATION (UK TAXPAYERS ONLY)

I am a UK taxpayer and I would like Vanik Association UK to reclaim tax on all donations I have made in the last four years and on all future gifts made as Gift Aid donations. I understand that if I pay less tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.

Yes, I would like to use Gift Aid

No, I do not wish to use Gift Aid

6. DECLARATION

By signing below I confirm that:

- All information provided above is true and correct to the best of my knowledge.
- I wish to apply for membership as indicated above and I am sending £_____ for the membership fee.
- I consent to receiving relevant communications from Vanik Association of the United Kingdom.
- I agree to abide by the Vanik Association UK Constitution and Rules.
- I understand that the Association has the right to refuse membership.

Applicant's Signature	Date
Print Full Name	Membership No. (office use)

FOR OFFICE USE ONLY

Received Date		Amount Received	
Receipt No.		Membership No.	
Processed By		Gift Aided Y / N	