VANIK ASSOCIATION
OF THE UNITED KINGDOM

MEMBERSHIP APPLICATION FORM

Charity No. 1015694
Tel: +44 7947 833970
info@vanik-association-uk.com

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
☐ Patron	£251	One-off payment
☐ Life Member	£151	One-off payment.

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

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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 e membership fee.
- I consent to receiving relevant communications from Vanik Association of the United Kingdom.
- I agree to abide by the Vanik Association UK 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**	