



Syro Malabar Cultural Association - Kuwait

Indian Embassy Reg. No. INDEMB/KWT/ASSN/121

Website: www.smcakuwait.org

FORM-2 (Rev on 02 Oct 15)

APPLICATION FOR ACCOCIATED MEMBERSHIP / RE-ACTIVATION

Name of the Applicant (Applicant should be a member of Syro Malabar Church)				Husband's Name				Applicant's (Syro Malabar Church Member's) Recent stamp size Photograph
Family Name:								
Civil ID No. of the Applicant								
New Member / Re-activation:				If re-activation, the Registration No.?:				
Residential Tel. No.		Mobile No.		E-mail ID (in Capital Letters):				
Residential Address in Kuwait	Area		Block No.	Street No.	Building No.	Floor No.	Flat No.	
Nearest Landmark:								
Name of Work Place:						Office Tel:		
Permanent Address in India:						Tel. No. in India with Area Code		
Parent's name and address (of the Applicant):			Name, Address & Telephone # of (Parent's) Parish			Diocese in India		
Present Status	Wedding Date	Spouse's Rite / Religion		Spouse's Parish (If applicable)		Contact No. of the Spouse		
Name of Work Place of the Spouse:						Office Tel:		
Blood Group : Self _____ Spouse: _____		Willing to donate Blood:		Family in Kuwait :				
Name of the Children / other Dependants		Relationship		Date of Birth of the Children	Currently in Kuwait / India	Percentage of FBS Amount (see clause 11.f of by-law)		
Name of the Emergency Contact (other than spouse):				Mobile No:				
DECLARATION OF THE APPLICANT								
I hereby declare that I am a Syro Malabar faithful; I have read and understood the rules and regulations of associate membership in the SMCA (per Clause 3.d and other related clauses of SMCA by-law) and hereby undertake to abide the same. I agree to follow the Syro Malabar Faith and practices. This statement allows me to be active in Syro Malabar Cultral Association and in fostering and practicing the Syro Malabar traditions and rituals. I also agree that in case of any dispute regarding the membership in SMCA or any other matter (including FBS as set forth in SMCA bylaw), the decision of the Central Managing Committee of SMCA shall be the final and that shall be binding on me, my successors and legal heirs.								
Signature of the Applicant:		Date	Introduced by (a member of SMCA / Family Unit Leader)		Regn. No.	Signature		
FOR THE USE OF THE ZONAL MANAGING COMMITTEE								
Total Amount	Receipt No.	Date	Area		Type of Membership	Name of Ward Rep. who issued the receipt		
KD:	ABB / CITY-FAR / FAH / SAL		FAMILY / SINGLE					
The new associated / re-activated associated member is assigned to:								
Zone #: _____		Family Unit: _____		Ward # _____		Remarks if any: _____		
Sign. of ZMC Officials	Zonal Treasurer :		Zonal Secretary:		Zonal Convener:			
FOR THE USE OF THE AREA MANAGING COMMITTEE								
Sign. of AMC Officials	Area Treasurer:		Area Secretary:		Area General Convener:			
FOR THE USE OF THE CENTRAL MANAGING COMMITTEE								
Registration No.:		Date:		Remarks, if any				
Sign. of CMC Officials	Office Secretary:		Treasurer:	Gen. Secretary:		President:		