

MAR THOMA CONGREGATION DUBLIN SOUTH Ireland.

Ref: No	

Application for Membership

Dear reverend,	utri, ireland		
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invt to be governed by the Mar Thoma Sabha Cons			
Personal details			y g, _ a.a
Name:	Father	s name:	
Date of Birth:Date of m	narriage:		
Profession:2. Residential details and local add	<u>dress</u>		
Address:			
Street name:	Eir Code:		
Tel: (R)	Mobile:		
Email:			
Prayer group area (if known)			
3. Home Address in India:			
Tel: Mobi	le:Home Paris	h	
4. Other members of the family (V	Vife/ Husband / Children)		
Name	Relation	Date of birth	Wedding Anniversary
	Wife/Husband		
	Son / Daughter		
5. Promised Monthly Subscription.	: €		
Zonal contribution: € 5 per mon	th by direct debit Or €60 for	the year (please	e circle)
Total monthly contribution:			
7. Preferred method of contact : E	mail Phone Whatsa	app	
8. Transfer certificate from the pre-	vious parish is furnished: Yes	s / No (please ci	ircle)
Date:	Signature:		
For Office use only Approved by:			
Area Prayer Group: Entered in the Parish register page no:			

Signature Secretary