

JMA KARDHAL HASANA JANAZA FUND REGISTRATION FORM

First Name	
Last Name	
Address	
Post Code	
Mobile	
Email	
Emergency Contact	
Next of Kin (Name & Contact)	
Additional Details:	

Family Members

Full Name	Relationship	DoB	Sex

I hereby agree the terms and conditions (circle your answer): YES / NO
<http://jaffnamuslimuk.org/jma-khardal-hasana/>

Signature:

Date:/...../.....

For Office Use Only

MEMBERSHIP NO.	
REFERRED BY	
AREA	
DATE	