

**ST.PETER'S C.S.I. CONGREGATION-KUWAIT
P.O.BOX 80,SAFAT-13001,KUWAIT**

APPLICATION FORM FOR MEMBERSHIP

(Attachment No.1)

TELEPHONE AND FAX NO. - 25657431
MOBILE PHONE NO. - 97638182
EMAIL ID – achen@csikuwait.org

NO	NAME	PET NAME	RELATIONSHIP	DATE OF BIRTH	DATE OF BAPTISM	DATE OF CONFIRMATION	DATE OF MARRIAGE	TEL.PH.NO.	EMAIL ID.

I do promise to abide by the rules and regulations as per the constitution of the Congregation and pay an yearly subscription of KD..... (In Words:.....) towards its support.

Name of the Home Parish:

Diocese:

Residential Address:

Permenant Home Address

..... Signature: Date:

(Note: A Certificate/letter from the vicar of Home Parish/ Church is to be attached)

P.T.O.

For office use only

Certificates/letter from the home parish are submitted or not

Amount prescribed for the membership is paid or not

Date of approval of Executive committee:

Name of the President:

Signature of the President: