



SHARJAH MAR THOMA YUVAJANA SAKHYAM

MEMBERSHIP FORM

Name:				Church ID:	
Tel(Res.):		Mobile:		Whatsapp (If not same as Mobile)	
Email:				Gender (M/F):	
Home Parish:					
Date of Birth(DD/MM/YYYY):				Age:	
P. O. Box:		Emirates:			
Residence Area (in UAE):					
Area Prayer Group (UAE)					
"I accept Jesus Christ as my Lord and Saviour"					
Signature of the member				Date:	

For office use only

Membership granted to:

Mr. / Miss/ Mrs. Date:

Membership Fees Paid Yes / No

*Membership Fees Dhs 15/-

Secretary

Treasurer/Acct.:

President: