

# MEMBERSHIP APPLICATION



## SIKHWOMENSOCIETY

ਸਚੈਮਾਰਗਿਚਲਦਿਆਉਸਤਤਿਕਰੇਜਹਾਨੁ

[www.sws.co.ke](http://www.sws.co.ke)

NAME  Mrs  Ms  Dr  Prof

FORM NUMBER

SURNAME

DATE OF BIRTH

OCCUPATION

POSTAL ADDRESS

PHYSICAL ADDRESS

MOBILE

APPLICANT'S PASSPORT SIZE PHOTO

SIGNATURE

FOR OFFICIAL USE ONLY

PROPOSED BY

SECONDED BY

HON. SECRETARY NAME AND SIGNATURE

DATE

MEMBERSHIP APPROVED

MEMBERSHIP REJECTED

SIKH WOMEN SOCIETY PO BOX 32724-00600 NGARA, NAIROBI, KENYA EMAIL: [INFO@SW.S.CO.KE](mailto:INFO@SW.S.CO.KE)