

BRAHAMAKSHATRIYA MANDAL UK (BMUK) - New Membership Record Form (fields marked with * are mandatory)

(please use multiple copies of this form for each member)

* Title (MR)	
* Surname (SHARMA)	
* First Name (PRAFUL)	
* Date of Birth (dd/mm/ yyyy) (02/02/1960)	
* Nominated Head (please tick) and relation to the NH (if applicable) (✓)	
Profession (SOLICITOR)	
* Address (123 NEEDLE STREET. LONDON. W1 3RD)	
* Telephone (Landline and/or Mobile) (020 7900 9000)	
Email (sharmpj@email.com)	
* Tick if you wish to 'Opt in' BMUK Directory (✓)	
* Tick if you wish to 'Opt in' receiving Newsletters (✓)	
* Consent Signatures (see Privacy Policy note below) (Example)	
Consent Date	

Privacy Notice: This form complies with and is subject to the BMUK Privacy Policy, details of which can be accessed on the BMUK website or by contacting any member of the Committee. In completing this form, each named adult (over 18) must sign individually and is deemed to consent to BMUK holding and using personal information as per the Privacy Policy. Parents will need to complete and sign for any children under 18.

Please complete and return this form to the BMUK Secretary: **Rajesh Ashra 64 Dawlish Avenue. London . N13 4HP** or scan and email it to **rajesh.ashra@bmuk.org**. The form can be downloaded from BMUK website <http://www.bmuk.org/download>.

Please note: Please remember to tick in 'Opt in' columns if you wish to be in directory & contacted.