

# MARTHA MARIAM VANITHA SAMAJAM

## Membership Form

Today's Date: \_\_\_\_\_

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact No: \_\_\_\_\_

Email Id: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### PARISH & MEMBERSHIP DETAILS

Parish Name: \_\_\_\_\_

Diocese: \_\_\_\_\_

House Number: \_\_\_\_\_

Membership Status:  MMVS  Anna Fellowship ( for widows )

### SKILLS / TALENTS ( OPTIONAL )

Choir  Teaching

Artist  Anchor

Other: \_\_\_\_\_

- Note :**
- Give the filled form to mmvs Secretary of your parish after filling
  - **Only Fill one form either the google form or the hardcopy version (this)**
  - Send a copy or a clear picture of this to "mmvswebsite@gmail.com" after filling
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