



LAXMINARAYAN TEMPLE, HOUNSLOW
(Managed by)
Hindu Temple & Cultural Trust Centre
 60 Neville Close, Hounslow, Middlesex, TW3 4JG
 Tel. Number: 0208 570 1340/ 0208 230 0571
 www.LaxmiNarayanTemple.org

MEMBERSHIP APPLICATION FORM

To Hon. General Secretary
 Hindu Temple & Cultural Trust Centre.

Dear Sir/Madam

I concur with and fully support the 'OBJECTS' of the TRUST, which I have read in the CONSTITUTION. I am over 19 years of age and believe in HINDU SCRIPTURES, and I am interested in promoting the work of the TRUST.

I further hereby solemnly declare that I am willing, free, and available and not disqualified by law to act as a 'LIFE TRUSTEE/MEMBER' and never been declared bankrupt or convicted for any offence of dishonesty or deception or fraud. No case of dishonesty or deception of fraud or corruption is currently pending against me and I shall notify the 'TRUST' immediately in writing if any of the above mentioned actions are ever initiated against me in the future.

I further solemnly declare and undertake that I will act reasonably and prudently in all matters relating to the 'TRUST' and always bear in mind the interest of the 'TRUST' and always make known to the Board of Trustees, Executive Committee and sub-committees and the Patrons (as the case maybe) of my personal interests, obtain no personal financial or other benefits, directly or indirectly and absent myself unreasonably, from any discussion/meetings or vote where my personal interests are involved.

Kindly enrol me, therefore as a (tick as appropriate):

- LIFE TRUSTEE ----- £501.00 plus. (Non-refundable)
- LIFE MEMBER ----- £201.00 plus. (Non-refundable)

For which I enclose a non-refundable fee, via my cheque payable to "HINDU TEMPLE & CULTURAL TRUST CENTRE HOUNSLOW", or cash payment. I am aware of the 'TRUST's' right to accept or reject my application for membership. I will abide by the 'TRUST's' decision.

TO BE COMPLETED BY APPLICANT

Surname: _____ Forenames: _____

Address: _____ Postcode: _____

Tele.No: _____

Note: Now please pass this form on to any member of the Board of Trustees of a Life Trustee, to propose and/or second this membership request.

Proposed by: _____ Seconded By: _____
 Print Full Name Print Full Name

Signed: _____ Signed: _____

Date: _____ Date: _____

FOR OFFICE USE ONLY

Minutes Page. _____ Cash/Chq for £ (words) _____
 Member No. _____ Receipt No. _____ Date _____

Signed: _____ Signed: _____
 General Secretary Treasurer

Date: _____ Date: _____