

THE HINDU ASSOCIATION

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Full name*	•						
			(Capita	l Letters)			
Residence A	Address*:						
Tel:			Mobile No.:				
Em	ail Address:						
_							
Gender*:	Male	Female	e	DOB:			
Education:				Occupation: _			
Your Skills	::						
Ouring which	ch hours are	you available	e for volunte	er assignment	ts? (put √)		
	MON	TUE	WED	THUR	FRI	SAT	SUN
AM							
PM							
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Are you a r	nember of T	he Hindu As	sociation? Y	7 / N			
f ves. then	vour memb	ership numb	er please				
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					(C:-	nature)	
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