

Coodal charity

Overseas Membership application form-Lifetime membership

Applicants Names	NA / NA / NA / NA / NA / NA	
Applicants Name:	Mr/Mrs/Miss/Ms/Dr	
Address		
		Post Code:
Telephone No:		
Email address:		
Signed		
(electronic signati	ure- Type your name)	
Applicants Bank	Account Holder's Name:	
details		
	Sort Code:	Account No:
Bank Name		
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		y for lifetime membership of the Coodal , and
will pay a one-off pa	syment of subscription pay	ment of \$ 60 or an equivalent sum.
Please set up an ele	ctronic transfer or bank-to	-bank transfer as a one-off payment to the
following Coodal, ac	count.	
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Account details for COODAL.

Bank and branch	Lloyds Bank	
name		
Address		
Sort code	30 99 50	
Account No:	13035962	
Account Name	Coodal C.I.C.	
Amount of Payment £per month/quarter/year starting on the date		
until further notice		

Please send a copy of this completed form electronically to Dr R. Gowribalan (Treasurer) at his email which is rgbalan@gmail.com.

And a copy of your completed application form to Dr Shan (Chair) at his email address sella.dasan@gmail.com.