



COODAL Charity
Student Membership (Free)
Application Form

For student members only, College/University	

Applicants Name:	Mr/Mrs/Miss/Ms/Dr
Address	
	Post Code:
Telephone No:	
Email address:	

Proposed for membership by:

Signed (electronic signature- Type your name)	
State how you would be able to help COODAL	

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

And also Dr Shan (Chair)through his email sella.dasan@gmail.com.