



NATIONAL FEDERATION MEMBERSHIP APPLICATION FORM

Organization Name:		
Representative Name:		
Position:		
Mobile:	Email:	
Organization Address:		
City:	County:	Postcode:
Applicant		Opinion of the SAPF
<p>We wish to apply as a member of South Asian Pittu Federation (SAPF), and will comply with the statutes of SAPF and fulfill obligations of the class of membership.</p> <p>We have known the statutes and all regulations of SAPF, we promise to comply with these.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p>Sig. of Representative Date: _____</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Sig. of Director Date: _____</p> </div> </div>		

- Note:**
- Use a black carbon pen to fill out the form; then scan and email.
 - Attach photograph, photo ID and address proof of the representative with the form.