



North London Prabhati Sangha (NLPS)

Membership Form

www.nlpsuk.org

info.nlpsuk@gmail.com

Charity Number: 1147144

Membership Form (Please fill in BLOCK CAPITALS)

Title: (Mr/Mrs/Ms/Dr) _____

Full Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Mobile: _____

Email address: _____

I wish to become a member of the 'North London Prabhati Sangha' and solemnly declare that I will abide by the rules and regulations of NLPS.

Signature: _____

Date: _____

Please complete the form and return to info.nlpsuk@gmail.com