

AVON INDIAN COMMUNITY ASSOCIATION

Membership Application Form

Name _____

Address _____

Tel.No. (Home): _____ Tel (Mobile) _____

E-mail _____

Undertaking by the member:

I agree to abide the rules and regulations as outlined in the Constitution of the Avon Indian Community Association.

Signature of Applicant _____ Date ____/____/20

Please send your completed membership application form to Ila Shrimanker – Secretary, Avon Indian Community Association, 9, Franklin's Way, Claverham, BRISTOL, BS49 4ND or hand it over to any member of the AICA board.