

Sri Ayyappan Devasthanam Swiss
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www.ayyappanswiss.ch



Members Form

அங்கத்தவர் படிவம்

Full Name: _____
Date of Birth: ____ / ____ / ____
Natchathiram: _____
Adress: _____

Telefon: _____
eMail: _____

For Office use only

Board Member: Y N
Position - _____
Date: _____
Sign, President: _____

Join Date: ____ / ____ / ____

Monthly Donation: 100.00 CHF 50.00 CHF _____ Bank Cash

Family Members:

Partner Name: _____
Date of Birth: ____ / ____ / ____
Natchathiram: _____
Child.1
Date of Birth: ____ / ____ / ____
Natchathiram: _____
Child.2
Date of Birth: ____ / ____ / ____
Natchathiram: _____
Child.3
Date of Birth: ____ / ____ / ____
Natchathiram: _____
Child.4
Date of Birth: ____ / ____ / ____
Natchathiram: _____

Family Occasion

Wedding Date: ____ / ____ / ____
Others: _____

Please send back to our Mail or Post after filling it out. ayyappanswiss@gmail.com

for office use only | dataBase Member ID: _____ | Date of Entry: ____ / ____ / ____

please use stamp on back side