



KERALA ART LOVERS ASSOCIATION (KALA-KUWAIT)
MEMBERSHIP FORM

Name.....

Date of Birth.....Blood Group

Profession.....

I.D. No.....

Ph: in Kuwait.....

Ph: in India.....

Address in India

Address in Kuwait

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..... Pin.....

e-mail.....

Marital Status.....

Name of Spouse.....

Family in Kuwait Yes / No

Name of Children.....

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Membership in any Other Organization.....

Motive for Kala Membership.....

Art and Cultural Experience.....

For Welfare Scheme

Name of Nominee.....

Relationship with Member.....

Bank, Branch, A/C.....

Date.....

Signature.....

For Office use only

Introduced by..... Unit.....

Welfare Receipt No..... Approval Date...../ Family

Gen: Secretary

Unit Convener

Treasurer