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**FAMILY MEMBERSHIP FORM**

Please use **BLOCK CAPITALS** to fill in this form

Name of Head of Family: .....

Address: .....

..... Post Code: .....

Email: .....

Home Phone: ..... Work Phone: ..... Mobile: .....

**Other Members in the Family**

Name	Relationship with head of Family	Children Age	Email address	Phone

**Note:** Certain privileges are restricted to **Fellow Members** only. The **Annual Fee** to become a Fellow Member is currently at **£2** per member. For details please see the Association's constitution on our website. Please include the appropriate fee if interested in becoming a Fellow Member.

I/We would like to become a member of the Cambridge Pakistan Cultural Association.

Signature: ..... Date: .....

----- **For office use only** -----

**Membership No:** ..... **Fee paid:** ..... **Checked by:** ..... **Date:** .....