



**MADHURIMA FAMILY MUSIC CLUB, THIRUVANANTHAPURAM**  
*Application for Membership*

Name :

Present Address :

Tel. No :

E-mail address :

Date of Birth :

Blood Group :

Occupation :

Name of Employer :

Name of spouse :

Occupation :

Date of Birth :

If employed, details about Employment :

Blood group :

Date of Marriage Anniversary:

Hobbies other than singing :

Details of Children

Name	Date of Birth	Student/Employment Details	Blood Group	Hobbies

Any other information about your family:

***I request you kindly admit me as a member of the Madhurima Music Club.***

Place:  
Date:

Name:  
(Signature)

Recommended by:

(Name & Signature of a Madhurima member)