



# Milton Keynes

## Swahili Community

### **Milton Keynes Swahili Community Application Form**

Name of the applicant:

Date of Birth (not mandatory -siyo lazima ila lazima awe na zaidi ya miaka 18):

Umri:

Milton Keynes Address:

Telephone:

Home number:

Email address:

**Next of Kin (who should be contacted incases of emergency and be paid £1,000 bereavement support if the applicant passes away):**

Name

Address:

Telephone number

#### **Applicant's Declaration:**

I confirm that I am a Swahili speaker living in Milton Keynes and therefore eligible to join the MKSC. I confirm that the information I have provided above is correct. I give consent for my personal information to be stored by the MKSC for the purpose of maintaining my membership with MKSC only. I understand that my information can not be shared with any other organisation without my expressed consent. I have been provided with a copy of the MKSC's Constitution.

Signed

Dated:



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**For office use only-Kwa matumizi ya ofisi tu:**

Form reviewed by..... On..... (date)

Membership accepted:

Membership not accepted(please give reasons):

Number of eligible/covered family members:

Membership number:

Fees paid:

Renewal fees due on: