# NRN UK - Membership Form

1. Full Name:

Title: Mr/Mrs/Miss/Ms/Dr./Prof./Other

2. Date of Birth:

| Month | Year |
|---|---|
| | |

Recent Photo

3. Occupation

4. Nationality

| | |
|---|---|
| Nepali | |
| British | |
| BNO | |
| Others | |

5. Address in Nepal

6. United Kingdom mailing address

| Post Code | | |
|---|---|---|

7. Phone

| Home No. | Work No. | Mobile |
|---|---|---|
| | | |

8. Email Address

Signature: _____ Date: _____

Membership fee £5.00 per person.
**Please Make £5 cheque payable to NRN UK and send it to:**
NRN UK, 17 Downe House, Springfield Grove, Charlton, London, SE7 7TR
Email- info@nrnuk.org, http://www.nrnuk.org