



Membership form

Title (MR/MRS/MS/DR):.....

Surname:.....1

First Name:.....

Date of Birth (DD/MM/YYYY):.....

Religion:.....

Nationality:.....

Address:.....

.....

Post Code:.....

Telephone:.....

Mobile:.....

Email Address:

I wish to become a member of the Sanaton Association and solemnly declare that I will abide by the rules and regulation of the Association.

Signature:.....

Date:.....

Print the form and return by post to:

Sanaton Association, 48 Patriot Square , LONDON E2 9AN