

**SENIOR CITIZENS COUNCIL  
List of Members**

Name of Association: Address:				District/Region:			
SN	Name	Sex M/F	Address	Age	Identity Card No.	Tel No / Mobile	Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

We certify that (i) all the members whose names appear in this list have willingly accepted to form part of this Association and have personally put their signatures next to their names  
(ii) the ID Card No of the members have been checked and found to be correct.

.....  
**Signature of Secretary**

.....  
**Date**

.....  
**Signature of President**

**SENIOR CITIZENS COUNCIL  
List of Members**

Name of Association: Address:						District/Region:	
SN	Name	Sex M/F	Address	Age	Identity Card No.	Tel No / Mobile	Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

We certify that (i) all the members whose names appear in this list have willingly accepted to form part of this Association and have personally put their signatures next to their names  
(ii) the ID Card No of the members have been checked and found to be correct.

.....  
**Signature of Secretary**

.....  
**Date**

.....  
**Signature of President**

