

MEMBERSHIP FORM

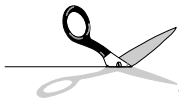
Title: Mr / Mrs / Miss / Ms _____ Date of Birth: _____
Date of Joining: _____
Full Name: _____
Address: _____
_____ Membership Type: _____
_____ Membership No: _____
_____ How did you hear about us?
Please tick
Flyer ()
Member ()
ADVT ()
Other

Pincode: _____
Telephone (H): _____ Payment Amount: _____
Mobile No _____ Payment Method: _____
_____ Membership Category: _____
E-mail: _____

Family Background	Occupation	Designation
Father		
Mother		
Husband		
Spouse		

Signature: _____
Printed: _____
Date: _____

I understand payments once received cannot be refunded.



MEMBERSHIP RECEIPT (To be retained by member)

Membership No: _____
Receptionist's Signature: _____ Date: _____

I understand payments once received cannot be refunded.