## **SRI PRATHISHTANA MEMBERSHIP REGISTRATION FORM**

(Form only to be filled by Block Letters)
No.57,10th main,opp:NRS, West of Chord Road, Rajajinagar, Bangalore-10
Mob. 8050178338, 9591046671, 9900194942, 9741804024, 9341362992, 9880262535

A chance to do something for society and awaken your soul and feel great .The joy and satisfaction of bringing smile to the others through our organization.

Paste your recent colour photograph And sign it. Else Form will be rejected.

	S.R. No. :-	(for office use only)
Name	:	
Date Of Birth	:	
Gender	:	
Blood Group	:	
Father's name	:	
Contact No	:	
Email	:	
Address	:	
Country	:	
Profession	:	
<b>Educational Qualificat</b>	ion :	
ERMS AND CONDITIONS A		
<ul> <li>The person should be men</li> <li>A person is selected and of</li> <li>The member will give his be</li> <li>Member should attend the</li> <li>The meetings will be held</li> </ul>	tally strong and willing to work for the orga can be removed by the president or core gr pest effort suggestion to full fill objective an general meetings and participate fully.	d task assigned to him or her.
Trust will be not liable for my acts done by the members without the knowledge of the Association		
Note: As a Membership fees the members as to pay 50rs.And if u wish u can contribute Rs.100/- monthly		
<u>Declaration:</u>		
I	(your name) declare that all the in	formation furnished in this form is true to the best of my knowledge and belief. I
		and work in the interest of the organization. My membership can be cancelled
	•	duct are deemed unfit for the organization or for any other reason. By signing
•		and ready to obey and follow orders task assigned by the core group under
leadership of president & chie	f secretary Miss. Bindu murthy & Mr.Nis	hanth.N.

Signature of applicant

Date: Place: