MEMBERSHIP APPLICATION FORM

Name in Full	Sex		
Short name for Correspondence	Date of E	Birth	
Address	Phone(F	R)	(0)
Occupation			
Details of Designation & employer during the past five			
Years (If space is not sufficient a separate sheet may			
be used)	:		
Academic Qualification	:		
Are you an Income Tax assesses?	:		
Are you a member of any other similar Club?			
If so, Details	:		
Category of Membership Applied for: (Please tick) ORD	INARY	ASSOCIATE	DONAR
Details of amount remitted: Cheque / Pay Order No		.for Rs	
Drawn on		dated	
(The above amount is not refundable once the application member)	on is accep	oted and the appli	icant is enrolled as a
UNDERTAKING:			
In the event of my being enrolled as a member. I undertaprescribed	ake to abio	le by the rules an	d regulation
By the Managing Committee form time to time; to take v	vork devote	edly towards attai	nment of the aims and
Objects of the Club and not to do anything that will bring	g discredit t	to the Club.	
I also vouchsafe for the information furnished above abo	out me.		
As proof of my residenship in Mayur Vihar Phase I Extn.	. I enclose	a certificate from	the

Co-operative Group Housing Society. (Applicable for ordinary Membership only).						
I have noted that the membership is not transferable.						
Introduce by Name:	M. No		Signature of Applicant			
Sig Received on:	nature: Considered by M.C. on	Approved	Rejected			
Date:			Secretary General			
ACKNOWLEDGEMENT						
The above application was received at the office on						
			Signature.			