



### MEMBERSHIP REGISTRATION FORM

NAME	:	
SEX	:	MALE / FEMALE
DATE OF BIRTH	:	
AGE	:	
FATHER / SPOUSE NAME	:	
RESIDENTIAL ADDRESS	:	
PINCODE	:	
LAND LINE NUMBER	:	
MOBILE NUMBER	:	
EMAIL ID	:	
NATIONALITY	:	
EDUCATIONAL QUALIFICATION	:	
BLOOD GROUP	:	
OCCUPATION	:	
OFFICE ADDRESS	:	
PINCODE	:	
SPOUSE NAME	:	
DATE OF BIRTH	:	
INTERESTED TO BECOME	:	MEMBER / VOLUNTEER
I CAME TO KNOW PROPS THRO	:	



#### DECLARATION

I, \_\_\_\_\_ desire to become a member of PROPS WELFARE ASSOCIATION & solemnly declare to the best of my knowledge and belief, the information given in this form are correct. I also promise to abide by the Rules and Regulations of the Association. I understand and accept in case, at any point of time, the information furnished by me are found to be incorrect or I act against the Aims and Rules, Regulations of the society, my membership in this Association is liable for termination without any notice and without any liability on the part of the Association. I further understand and accept that the Association reserves the right to reject my application for membership without ascribing any reason whatsoever.

SIGNATURE:

DATE & PLACE:

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(For office use only)

Received a sum of Rs \_\_\_\_\_ towards registration fee for membership  
from \_\_\_\_\_ on \_\_\_\_\_

TREASURER

SECRETARY

PRESIDENT / VICE-PRESIDENT