

ASSAM ASSOCIATION, DELHI
Srimanta Sankaradeva Bhawan
A 14 B Qutub Institutional Area
Satsang Vihar Marg, New Delhi 110067 Tel: 26510426, 26537786

MEMBERSHIP FORM

1. Name (Surname Last) _____
2. Date of Birth _____ and Place of Birth _____
3. Occupation _____ 4. Education _____
5. Contact: Residential _____ Office _____

PIN: _____ PIN: _____
Tel: _____ Tel: _____
Fax: _____ Fax: _____
Mobile: _____ Email: _____

6. Permanent Address: _____

7. Spouse's name: _____ Anniversary Date: _____

8. Children (M/F and Age): a. _____ b. _____
c. _____ d. _____

9. Please tick if you have interest/ proficiency in any of these: Social work /dance /dramatics /art & craft/music/literature/other _____
Games & Sports _____

10. Would you like to actively participate in the activities of the Association? (Give Details) _____

11. Payment Reference: Amount: Rs. _____, DD/Cheque No. _____
Dated _____ payable to "Assam Association, Delhi"

Fee: Rs. 2500/- for Life Membership (LM), Rs. 1500/ (when either spouse is a LM Already).

***Introduction:**

I, _____ do hereby introduce Shri/Smt. _____

Signature of the Introducer

(LM Number _____)

Declaration:

I, _____ do hereby declare that the information provided above are true to the best of my knowledge.

Date:

Place:

(* Fields are mandatory)

Signature of the applicant