



अग्रवाल समाज (कर्नाटक) रजि.
AGRAWAL SAMAJ (KARNATAKA) REGD.

जातीय विकास, उन्नयन तथा सांस्कृतिक जागरण और सामाजिक ऐक्य की प्रतिनिधि संस्था
No. 152/1, 1st Floor, K.S. Garden, 4th Cross Lalbagh Road, Bangalore-560027
Ph. : 080-40949528, E-mail : info@agrawalsamaj.co, Web : www.agrawalsamaj.co



MEMBERSHIP APPLICATION FORM

To,
The Secretary,
Agrawal Samaj (Karnataka) Regd.
Bangalore - 560 002.

Passport
Size
Photograph

Dear Sir,

I request you, to kindly enroll me as Member of the **Agrawal Samaj**. I will abide by the rules & regulations of the Samaj.

I will also give my full co-operation for the developmental programme of the Samaj. I enclose herewith the enrolment fee as per the details given below. Please accept my Membership & oblige.

Patron Life Member	Life Member	Paid by Cash/Cheque No.
Entry Fee : Rs. 100.00	Entry Fee : Rs. 100.00	Date :
Membership : Rs.11,000.00	Membership : Rs. 5,000.00	Drawn On :
Total : Rs. 11,100.00	Total : Rs. 5,100.00	For Rs. :
Note : Cheque Should be in favour in Agrawal Samaj (Karnataka) Regd. Bangalore		

:: Personal Details ::

Applicant's Name (in Block Letter):	Date of Birth :	Blood Group:
--	-----------------	--------------

Father's Name :	
-----------------	--

Spouse Name :	Date of Birth :	Blood Group:
---------------	-----------------	--------------

Qualification (Self) :	Qualification (Spouse) :
------------------------	--------------------------

Gotra :	Native Place :	State :
---------	----------------	---------

Business / Profession :

Anniversary Date :	
--------------------	--

Office Address :
Land Mark :
City :
Pin Code :

Residence Address :
Land Mark :
City :
Pin Code :

Mailing Address Preferred : (Tick any one) OFFICE RESIDENCE

Office Phone :			
Resi. Phone :			
Fax No. :	Office :	Residence :	
Mobile :			
E-mail (Must Write)		Website : (in any)	

Details of Family Members & Relationship with them :

Sl. No.	Name of Family Member	Sex	Date of Birth	Relations	Qualification	Occupation
1.						
2.						
3.						
4.						
5.						
6.						

Resident of Bangalore Since : _____

Member of other Organization : (If any) _____

Date _____ Signature of Applicant _____

INTRODUCED BY : Member's Name :	
Membership No. of Introducer :	Phone No. Introducer :
Address of the Introducer :	
Signature of the Introducer	

Note : * This Membership is valid to the enrolled Member only & not transferable to any other member of the family
 * Two copies of Passport Size Photographs must be attached.
 * Filling of all above information is must.

FOR OFFICE USE ONLY

Proposed in Executive Committee. Proposal Date: _____ Acceptance Date : _____

Allotted Membership Number : _____ Receipt No. : _____ Amount : _____

Membership Fee Details : Cash/Cheque _____ Date : _____

Application Received From :
MID No.

Secretary
Agrawal Samaj (Karnataka) Regd.
Bangalore