

Membership Form

ALANKRITA FRIENDS ASSOCIATION (ALFA)



Paste
recent
photograph
(35 mm X 45 mm)

(Provide one extra
photograph of 1x1
for membership card)

Name: _____

Father's/Husband's Name: _____

Address: _____

_____ Tel.: _____

Mobile: _____ Email: _____

Educational attainment: _____ Date of birth: _____

I desire to become a member/life member of Alankrita Friends Association. I confirm to abide by the memorandum and rules and regulation in force and/or subsequently altered from time to time in manner authorised.

I here with enclose Cheque /DD no. _____ Dated : _____ for Rs. _____ drawn in favour of **ALANKRITA FRIENDS ASSOCIATION** payable at Hyderabad. I request you to kindly enroll me as a member/Life member.

Dated : _____ Signature: _____

Note : Attach photocopy of AADHAAR and 1 extra photograph (1 inch x 1 inch) for membership card.

For office use only

Membership No.: _____ Receipt No.: _____ Date: _____

Issued membership card: Yes No

Treasurer

General Secretary