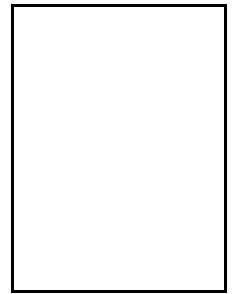


Membership Form



Member's Name

First Name

Middle Name

Last Name

Father's Name

First Name

Middle Name

Last Name

Current Address

State : PIN Code :

Permanent Address

State : PIN Code :

Mobile No.

Landline No.

Fax No.

e-Mail Id

Date of Birth

D	D	M	M	Y	Y
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Gender

M F

Marital Status

Married Unmarried Divorced

Highest Qualification

Profession

Nationality

Indian Others Please specify

Any Social Achievement

Reference(s) (Name and Contact No.)

Authorized Signatory

Member's Signature

Head Office: 90 A Alka Kunj, Kamla Nagar,
Agra (U.P.), INDIA – 282005
Contact No.: +91-9808444600, 9760004809
Email: ekpahelngo@gmail.com | Website: www.ekpahelngo.org

Rules:

1. We can terminate any member at any point of time without informing him/her if he/she is found to be involved in any criminal activity or other activity which is not right for our NGO or any of the above said information is not found correct.
2. Pay appropriate amount in cash or through Credit Card, crossed cheque/bank draft payable at Agra in favour of "Ek Pahel B R Memorial Welfare Society".