



**Bangalore Moidh Kshatriya
Swarnakar Samaj (R)**

**Office: No. 104, 3rd cross,
Lakhminarayana Puram,
Bengaluru - 560021. Phone: 9019114708.**

Date:

MEMBERSHIP APPLICATION FORM

To,
The President
Bangalore Moidh Kshatriya Swarnakar Samaj (Regd.), Bangalore

Respected Sir,

I wish to become a life member of your organization. I am submitting the membership fee of Rs. along with this application. I will abide by all the rules of the Samaj. Kindly accept my application.

1. Every member must pay the annual contribution within the prescribed time every year, i.e, on or before 31st March.
2. Every member shall follow the rules of the new new constitution (2016).

Proposer's Name::

Signature :

Phone No.:

Signature :

Details

Name :

Father's/Husdant's Name:

Gotra :

Date of Birth :

Occupation :

Education :

Native Place :

Home Address :

Bangalore (PIN-)

Bangalore (PIN)

Mobile No.:

Phone No.:

WhatsApp No.:

E-mail :

Office Use

Approved in Executive Committce Meeting dated

Receipt No.:

Date :

Membership No.:

President

Secretary

Secretary