



AKHILA BHARATHEEYA AYYAPPADHARMA PRACHARASABHA

Registered Under the Trust Act 1799/2010(4) on 14th December 2010

42, Gangai Street, 1st Floor. Yagappa Nagar, Thanjavur – 613 007.



Life Memberships Application Form

From :

Date :

Place :

To :

The President

Central Office

Akhila Bharatheeya Ayyapadharm Pracharashabha

42, Gangai street, 1st Floor,

Yagappa Nagar, Thanjavur – 613 007.

Sir,

I wish to inform that I am willing to join as life Member in **AKHILA BHARATHEEYA AYYAPPADHARMA PRACHARASABHA**, I accept and to obey the Rules & Regulation as per By – I aw and the Rules raised by council in future.

Hence, I request you to admit me as a Member and Issue necessary certificate and ID Card. I also enclosed life Member Fee of **Rs.1000/-** (Thousand) as DD/Cash with my following Bio Date.

Name :

Father's Name:

Date of Birth :

Branch Name :

Cell No :

Phone No :

Blood Group :

Encl: 2 Passport Size Photo :

Address

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Yours

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Hint : if any change in Address or Phone Number Please inform to this Office ABAP