

ಚನ್ನಗಿರಿ ತಾಲ್ಲೂಕಿನ ಬೆಂಗಳೂರು ನಿವಾಸಿಗಳ ಕ್ಷೇಮಾಭಿವೃದ್ಧಿಸಂಘ
Membership Form

Name: _____

Father/Husband Name: _____

Mobile Number: _____

Whatsapp Number: _____

Email Id: _____

Date of Birth: ____/____/____

Gender: Male/Female

Permanent Address: _____

Current Address: _____

Educational Details: _____

Professional Details: _____

I hereby declare that I shall abide by the constitution of the Channagiri Talukina Bengaluru Nivasigala Kshemabiruddi Sangha, Kindly enroll me as member.

I am herewith sending the membership fee of 500 for member in favour of Channagiri Talukina Bengaluru Nivasigala Kshemabiruddi Sangha, Payable at Transaction number _____

Date: ____/____/____

Member Signature: _____

Place: _____



UPI ID : ctbns@sbi



Scan UPI Code and pay Rs 500 as Membership fee.

Fill Personal Details, Attach Photo, Transaction Details and Send soft Copy to whatsapp No 7349698976

7349698976