



INTERNATIONAL CLUB SOCIETY (ICS)

BHEL, HARIDWAR – 249 403

APPLICATION FOR SWIMMING POOL MEMBERSHIP

NAME OF MEMBER: _____

MEMBERSHIP NO : _____

OPTION : FAMILY / SINGLE

FAMILY DETAILS:

SNO	NAME	AGE IN YEARS	GENDER	RELATION WITH MEMBER

RESIDENTIAL ADDRESS _____

PHONE NO : LANDLINE _____ MOBILE _____

(SIGNATURE OF MEMBER)

Note:

- Please attach one photo's of each family member for issuing Entry Card.
- Family member include all dependents, as per BHEL medical facility rules where medical card is issued by BHEL to family member.