



ZONAL MEMBERSHIP FORM

ZONE- 18

(Karnataka)

Zonal Office :

Dakshin Bharat Rashtramat, 6/4, Cantonment Station Road, Near CSI Hospital, Bangluru-560051

(Under clause 3(A), 3(B) and 3(C) of the regulation of Vipra Foundation)

PLEASE FILL IN CAPITAL LETTERS WITH BLACK INK

Name	:	_____	Date of Birth		
Father's / Husband's Name	:	_____	DD	MM	YYYY
Residential Address	:	_____	Marriage Anniversary		
		_____	DD	MM	YYYY
		_____	Native Place & District		
Contact No.	:	_____	Mobile:	_____	
Office / Work Address	:	_____	Sub-Caste		
		_____	Gotra		

Contact No.	:	_____	Mobile:	_____	Occupation(✓)
Email ID	:	_____	Fax:	_____	<input type="checkbox"/> Service
District	:	_____	Chapter:	_____	<input type="checkbox"/> Business
					<input type="checkbox"/> Profession
					<input type="checkbox"/> Others (Specify)

I wish to be a member as follows:

₹ 100/- Zonal General Member

₹ 1000/- Zonal Active Member

₹ 11000/- Zonal Life Member

Enclosed Cheque/ Cash No.: _____ Dated _____ Drawn on _____
₹ _____ (Rupees _____)

I agree with rules and Regulation of Vipra Foundation and shall devote my time, skill to do all the best for Vipra Foundation

Place: _____ Date: _____ Signature of Applicant: _____

FOR OFFICE USE ONLY

Receipt No.:	_____	Date:	_____	Amount:	_____	(Rupees _____)
MEMBERSHIP ENROLLED:						
<input type="checkbox"/> ₹ 100/- Zonal General Member		<input type="checkbox"/> ₹ 1000/- Zonal Active Member		<input type="checkbox"/> ₹ 11000/- Zonal Life Member		
Membership No. :						
ZGM/	_____	ZAM/	_____	ZLM/	_____	
Office Bearer's Signature:						