



ZONAL MEMBERSHIP FORM

**ZONE-2**

(Delhi)

**Zonal Office :**

B-33, Flatted Factory Complex, Jhandewalan, New Delhi-110055

(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/_____	
<b>Office Bearer's Signature:</b>			