



ZONAL MEMBERSHIP FORM

ZONE- 4**(Uttar Pradesh)****Zonal Office :***(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: _____		
Email ID	:		Fax: _____		
District	:		Chapter: _____		
	:		Occupation(✓)		
	:		<input type="checkbox"/> Service		
	:		<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:			