



Snehadeepam

Reg. No.: ER 835, Date: 05/11/03

Snehadeepam Charitable Society

Opp. Adlux Convention Center, Cable Nagar,

P.O. Karukutty, Ernakulam - Kerala - 683576, Tel.: -0484-2612333

Website: www.snehadeepam.org.in, E-mail: info@snehadeepam.org.in

Color Photo
Size 3.5 X 4 cm

Application Form for Membership

Personal Information					
Name:	_____			Date:	_____
Family Name:	_____			Tel#:	_____
Father's Name:	_____			Mobile#:	_____
Date of Birth:	_____			E-mail:	_____
Occupation:	_____			Passport#:	_____
ID Proof:	<input type="checkbox"/> Passport	<input type="checkbox"/> Aadhaar Card	<input type="checkbox"/> Driving Licence	(attach a copy of ID)	
Present Address	_____				

	Pin#	Tele:	Mobile:		
Permenent Address	_____				

	Pin#	Tele:	Mobile:		
Membership Applied					
<input type="checkbox"/> Family (Rs:50,000/-)	<input type="checkbox"/> Life time (Rs: 5,000/-)	Mode of Payment: Cheque/Cash			
Particulars of Family Members					
	Name	Sex	Date of Birth	Occupation	
Spouse	_____				

Children	1	_____	_____	_____	
	2	_____	_____	_____	
	3	_____	_____	_____	
	4	_____	_____	_____	
	5	_____	_____	_____	
I herby submit my application for membership in SNEHADEEPAM CHARITABLE SOCIETY . I declare that I have read and understood its Memorandum of Association and rules and regulations and agree to abide by those. The information furnished above are correct to the best of my knowledge.					
Applicant's Signature: _____		Date: _____			
Bank Account: Snehadeepam Charitable Society, 12790200317743, Federal Bank Ltd., IFSC: FDRL0001279					
For Office Use only					
Admitted to Membership On behalf of the Governing Board			Remarks:		
President: _____ Date: _____					