

MEMBERSHIP REGISTRATION FORM

(Form only to be filled by serious candidates)

A chance to do something for society and awaken your soul and feel great. The joy and satisfaction of bringing smile to the others through our organization.

S.R. No.:			(for office use only)
Select Membership Cate	gory:		
Executive Member	Corporate Member	Institutional Member	General Member
Name:			
Date of Birth:			Paste your recent
Sex:			colour photograph
NRIC. #:			and sign it. Else Form will be
Father's name:			rejected.
Contact No:			- ,
Email:			
Address:			
Country:			
Profession:			
Office Address & Contact	No:		
Educational Qualification:			
Graduation University:	<u> </u>		
Post-Graduation Universit	y:		
Hobbies:			
Extracurricular Activities:			
Awards & Certificate:			
Define Yourself and your g	goal in life:		

Terms and conditions and rules:

- 1) The person should be above 18 years to be active member of this organization and without any criminal background.
- 2) The person should be physically and mentally strong and willing to work for the organization individually or in a group and travel at his own expenses.
- 3) A person is selected and can be removed by the chairman or core group without notice or giving reason for misconduct, misbehaviour, indiscipline.
- 4) Member should attend the general meetings and participate fully and have to give written application for being absent, 3 days before the meeting.
- 5) Meetings will be headed by chairman and the core group and members.
- 6) Membership Fee (IF ANY) should be paid with Application Form on Rejection of Application the Membership fee will be refund in a week.

Declaration:

Date: _____

Place: _____

Signature of applicant

Signature of Chairman

Signature of Secretary