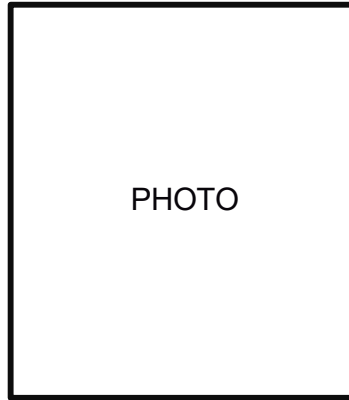




ಕಸ್ತೂರಿನಗರ ಕ್ಲಬ್
KASTURINAGAR CLUB

APPLICATION FORM FOR MEMBERSHIP
(PLEASE FILL IN CAPITALS OR TYPEWRITE)

Membership No.....



KASTURINAGAR CLUB:

C.A.#8 (P), 3rd 'D' Cross, (Near BWSSB Water Tank), Kasturinagar, Bangalore - 560 043.

- 1) Name in full _____
- 2) Date of Birth & Age _____
- 3) Nationality _____
- 4) Educational Qualification _____

5) Marital Status Single / Married

6) Wife / Husband Name Date of Birth

Children

7) Whether in Employment or Business _____

8) Official Address & Phone No. _____

Mobile No.:

E-mail:

9) Residential Address & Ph. No. _____

E-mail:

10) Category of Membership
applied for
(Tick any one)

- | | |
|------------------------------------|--------------------------|
| (i) Permanent Member (Resident) | <input type="checkbox"/> |
| (ii) Permanent/Non Resident Member | <input type="checkbox"/> |
| (iii) Donor Member | <input type="checkbox"/> |
| (iv) Corporate Member | <input type="checkbox"/> |
| (v) Honorary Member | <input type="checkbox"/> |
| (vi) Temporary Member | <input type="checkbox"/> |

11) Particulars of Fees paid (i) _____
a.) Registration Fee
b.) Membership Fee (ii) _____
(Please furnish mode of Payment with details) Cheque No. _____ Dated _____
Name of the Bank _____

12) Name & Signature of Proposer (i) Proposer _____
& Seconders with Name _____
Membership No. (These should Membership No. _____
be currently members of (ii) Seconder _____
Kasturinagar Club) Name _____
Membership No. _____
(iii) Seconder _____
Name _____
Membership No. _____

13) Other Club Membership held (i) _____
(Give name of the Club) (ii) _____

14) Games Played Cards _____ Bar & Resturant / Gym _____
Shuttle _____ T. Tennis _____
Billards _____ Chess _____
Carrom _____ Anyother _____

15) Any other information the _____
Applicant wishes to furnish _____

I certify that to the best of my knowledge the above particulars are correct. I hereby declare that in the event of my being selected, I will abide by the rules and bye-laws of the Kasturinagar Club, framed under the Kasturinagar Welfare Association (R.).

Place:

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

- 1) Type of Membership applied for _____
- 2) Details of Fees Received Registration Fee Membership Fee
- (i) Amount Rs. _____ Rs. _____
- (ii) By Cheque / Cash _____
- 3) Caution Deposit _____
- 4) Date of interview by
 Management Committee _____
- 5) Date of Approval / Rejection by
 Management Committee _____

Date:

President/ Secretary