SHREE COIMBATORE GUJARATI SAMAJ

662, Mettupalayam Road, R.S. Puram, Coimbatore - 641 002 Ph. : 2546896

MEMBERSHIP APPLICATION FORM

(Fill in Block Capital Letters Only)

DATE

Date	Month	Year

NAME FATHER/HUSBAND'S NAME SURNAME

(Please Leave One Space Between Each Name. No Initials Please)

OCCUPATION

(State Nature of Business / Service Correctly)

BLOOD GROUP

CASTE

NATIVE PLACE IN GUJARAT

AGE

Name of other members of your family who are already members of the samaj

	Name	Relationship
1		
2		
3		
4		
5		
6		
7		

RESIDENTIAL ADDRESS (If Possible use Rubber Stamp)

OFFICE ADDRESS (If Possible use Rubber Stamp)

PHONES

Off	
Res.	
Cell	

TYPE OF MEMBERSHIP APPLIED FOR

PATRON LIFE ORDINARY

(Strike Out Whichever Is Not Required)

MEMBERSHIP PROPOSED BY

MEMBERSHIP NO

MEMBERSHIP SECONDED BY

FULL NAME

MEMBERSHIP NO

ADDRESS

I am a member of the Samaj for a period of over two years. I am proposing / seconding the above person who is a Gujarati and is well known to me for membership of Shree Coimbatore Gujarati Samaj.

(Signature of Proposer)_____ (Signature of Seconder)_____

I enclose herwith the sum of Rs. _____ (Rupees _____ only) towards membership fee. I am a gujarati, over eighteen years of age. I agree to abide by the rules and Regulations and the Memorandum of Articles of the Samaj, existing as on date and as amended from time to time.

(Enclose Two Photographs of Size 30 x 20mm)

(Signature of Applicant)

(For Office Use Only)

DATE OF RECEIPT

Samaj Receipt No. & Date

Placed in the working committee meeting held on _____

Application accepted / rejected.

(Signature of the President of the Meeting)

Membership Registration No.

Note : This from will not be accepted if it is partially or incorrectly filled