



The Bengali Association Coimbatore

Regd. No. 189/2002

APPLICATION FORM FOR MEMBERSHIP

Dear Sir/Madam,

I / We wish to enroll myself / ourselves as a member of The Bengali Association Coimbatore.

My details are furnished as below:

1. Name of Applicant First Name.....

(in capital letters) Middle Name.....

Last Name.....

2. Father's Name

3. Name of Spouse

Address for Communication (Pl. Tick) Office Residence

4. Address (Office)

.....

.....PIN.....

5. Address (Residence)

.....

.....PIN.....

6. Address (Native)

.....

.....PIN.....

7. Sex (Pl. Tick) Male Female

8. Phone (Office) Phone (Res.).....

9. Mobile (Office) Mobile (Res.).....

10. E-mail ID



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11. Name(s) of the Children & Age

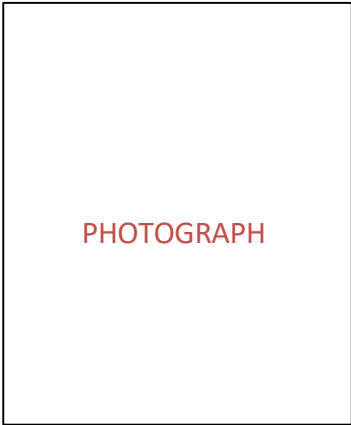
1. Age

2. Age

12. Introduction [Introducers must be valid members]

Proposed by Signature.....

The information provided by me is true to my knowledge. I agree to abide by the rules and regulations of The Bengali Association Coimbatore.



Signature of the Applicant

Date

Annual Membership Fees: Rs. 10,000/- & One-time Processing Fees: Rs. 500/-

For Office Use Only

The membership application is Approved / Not Approved.

Endorsement by the executive committee

Date of Approval

Fees Payment details

Amount Paid Receipt No. Date

Signature with Date

.....
President

.....
Secretary