

# Anandashram Socio-Cultural Organisation

Regd. office : 117, Shikshak Lane, Kunwar Singh Nagar, Nangloi, Delhi- 110041

Head office: 303, 6/131, Media Enclave, Vaishali, Ghaziabad- 201010 Uttar Pradesh **Contact:** Ph: 0120-4159237,  
Bihar: Kunti Sadan, Mahatma Budh Path, Road No, 14, Behind Bal Sakha Anathalaya, Keshri Nagar, Patna-800 024 Ph: 0612-2284257

E-mail: [anandashramngo@gmail.com](mailto:anandashramngo@gmail.com) , [www.anandashramsociety.in](http://www.anandashramsociety.in)

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(A non-profit Non-Government Organization (NGO) regd. the Societies Registration Act (XXI) OF 1860 with Registration No. S/61191/2008 as all India Society)

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## Membership Application Form

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Application Form No. ....  
(Please write in Block Letters)

To,

Date:

The Governing body,  
Anandashram Socio-Cultural Organisation,  
Delhi

I/We whose particulars are given in the proforma hereunder, having fully read and understood the Bye- laws of the Anandashram Socio-Cultural Organisation, its objects and activities, declare that I/We fully endorse the utility of the said organization for social cause. I/We feel from within my conscience and best judgment that I/We should become member of Anandashram Socio-Cultural Organisation and contribute toward the achievements of its goals and objects calculated to yield valuable social benefits.

I/ We therefore request the Governing body to admit me as ORDINARY/LIFE member of the society on the terms and conditions as set out in the bye laws of the society. I /We hereby undertake to fully abide by the said terms and conditions in true spirit and to work for and contribute to the advancement of the objects of the society whenever required.

The requisite membership fee is being remitted with this application.

Thanking you.

Yours faithfully

(Signature & name)

**Proforma for particulars of the members**

1. Name: Mr./Mrs./Ms./M/s -----  
(First Name) (Second Name) (Last name)

**2. Status: Individual/HUF/firm/company/Association**

3. Sex : Female  Male

4. Date of Birth/date of registration: -----(DD/MM/YYYY)

5. Father's Name: Mr. : -----

6. Postal Address: -----  
(House No.) (Street/Area)  
-----  
(District) (State)  
-----  
(Zip/Pin Code) (Country)

7. Telephone: -----  
(Code) (Number)

7 A. Mobile: -----

7 B. FAX: -----  
(Code) (Number)

7. C. Mail: -----

8. Permanent Address: -----  
(House No.) (Street/Area)  
-----  
(District) (State)  
-----  
(Zip/Pin Code) (Country)

9. Telephone No. : -----  
(Code) (Number)

10. Employment Status: Govt. Employee  Private Sector Employee   
Self Employed  Working in any NGO   
Other (Mention) :  \_\_\_\_\_

11. Educational Qualification: Doctorate  Masters/Post Graduation   
Graduation  12<sup>th</sup> Class  Matriculation  below Matriculation

12. Membership of any other organization: If, yes give detail- Name, address etc.

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13. Membership Categories Applied for (Select One) :

**One-Year Membership**

[Membership Contribution: Rs. 465/- (Rs. Four hundred Sixty Five Only); Rs. 100/- (Rs. One hundred Only) as admission Fee and Rs. 365/- (Rs. Three hundred Sixty Five Only) as annual Membership Fee.]

**Life Membership**

[Membership Contribution: Rs.11, 000/- (Rs. Eleven Thousand Only);]

14. Payments : Amount Rs. .... (Rupees .....)

Mode:

Cash  Cheque  Demand Draft

If Cheque/DD:

Cheque/DD No. .... Issue Date ..... Bank & Branch Name & address  
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**Declaration:**

I/We hereby confirm that above-mentioned information is true and correct to the best of my knowledge and belief and I understand and agree that the payment under consideration is contribution for Life Membership or One year ordinary Membership and is non-refundable.

Name:

Place:

Date:

(Signature of the Applicant)

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Application Form No. : -----

**Receipt**

This to confirm a duly filled Membership Application Form along with the D.D  M.O.  Cheque  Rs. ----- has been submitted by Mr/Ms -----, Father's name Mr. -----

Date:

Place:

(Signature of Receiving Authority)

Name :-----

Designation :-----

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(Applicant have to attach a Xerox copy of Voters I-Card or Passport or Ration Card as identify proof along with this form to HO or State UNIT)