KASAULI GYMKHANA CLUB APPLICATION FORM FOR MEMBERSHIP

Form No. :			Registration No.			Photo	
Type Of Membership :							
Payr	nent	Details:					
Kasa Gark	auli G thal -	rman Symkhana Club, - Jagjit Nagar Roa I.P173225.	nd,				
on de	I, ¹ be p ema	rescribed /decided	nember and agree to a d from Club from time to onal charges as may be	time. I also u	ındertake to pay	the bills	
1.	Na	Name in Full (in block letters) :					
2.	Fa	Father's Name:					
3.	Date of Birth :						
4.	Marital Status :						
5.	Name of Spouse :						
6.	Pr	Professional/Occupation :					
7.	Education Qualification (s):						
8.	Present Address :						
9.	Permanent Address :						
10.	Details of Membership held in any other Club in India.						
11. Details of dependents (upto to the age of 21 years) :							
Sr.N	0.	Name	Relationship	D.O.B.	Present occu	pation	
found	d to	e correct in all res be incorrect or un	hereby of pects and that I am awa true or false at a later deship of the Club perman	are that if any late, I shall re	of these particender myself lia	ulars are	

Date: _____

Signature of the Applicant