



# Membership Form

ID Code # : \_\_\_\_\_

Pin Code : .....

Name : .....

Date Of Birth : .....

Male  Female

Qualification: .....

Occupation: .....

Name of Father /Guardian /Husband: .....

Present Address :

Permanent Address.

Name of State : ....., Name of District.....

Name of Panchayat /City : .....

Phone : ..... Cell : .....

Email : .....

Blood Group :..... Donation- Eye :  Blood:  Interested to relief work :

Name &Code No. of Nominator: .....

Cell #. of Nominator.....

Membership Fee of Rs: .....by cheque/ DD No.....Date : .....

(Shall be paid either by crossed demand draft or cheque in the name of IOHRP 413 /IV/99 drawn on any authorized bank at New Delhi.(Cheque is accepted in Delhi only)

Members ID proof NO : .....

( Ration Card, Election Card, Driving License, Pan Card )

I am willing to abide by the rules and regulations of the organization and ready to do social service without any profit motive. I will not do any act against the interest of the organization. I will be totally held responsible for all acts committed by me against the rules and regulations of the organization and I will abide by any decision taken by the organization (Membership fee is not refundable)

## DECLARATION

I ..... Here by declare that the particulars given above are unequivocally true to the best of my knowledge and belief

Date : .....

Signature of the Holder

## For Office Use

Member Designation : .....

Decision of N.C ..... Accepted or Rejected

Date of Membership Fee Deposit : .....

Date of ID Card Issued ....., Date of Renewal .....

2nd Step

Admin

Member Designation : .....

Decision of N.C ..... Accepted or Rejected

Date of Membership Fee Deposit : .....

Date of ID Card Issued ....., Date of Renewal .....