BARODA KERALASAMAJAM

Passport Sized photograph

Trust Regn. No.:F/308 Soc. Regn. No. :Guj/567

Office :

GIDC Main Road

Opp BundyTubing

Makarpura

Baroda – 390 010

Ph # :0265-2649965

Email : [barodakeralasamajam@gmail.com](mailto:barodakeralasamajam@gmail.com); [mail@barodakeralasamajam.com](mailto:mail@barodakeralasamajam.com)

**APPLICATION FOR LIFE MEMBERSHIP**

Name : Age & Date of Birth: Blood Group: Address in Baroda:

Phone :Residence: Office: Mobile: Address in Kerala:

Details of Occupation & Address:

Phone: Details of Family:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | | **Age** | **Relationship** | | **Status (Study/Service)** |
| **1** |  |  |  | |  |
| **2** |  |  |  | |  |
| **3** |  |  |  | |  |
| **4** |  |  |  | |  |
| **5** |  |  |  | |  |
| **6** |  |  |  | |  |
| **Name of Zone :**  **Other Interests:Yoga Arts Sports Literature**  **Any other, Please specify:** | | | | **Applicant’s Signature** | |

Note : (1) Please provide one i-card size photograph along with duly filled application

(2) Please make the payment of Rs. 500/-

FOR OFFICE USE ONLY

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| --- | --- |
| **Life Membership No. :** |  |
| **Receipt No. & Date :** | **Signature of Exe. Member** |
| **Remarks & Comments, if any** | **Name :** |
|  | **Area :** |
|  |  |
|  | **Signature : (President / G. Secretary / Treasurer) Name :** |
|  |
|  |

*Unite!Co-operate!!Help!!*

Mail all correspondence to MakarpuraOffice

Fathegunj Zonal Office: 1st Floor, Kalpu Complex, Nr.Kalyan Hall, Navrachana School Road, Sama, Baroda – 390 008

Subhanpura Zonal Office: 5/303, Nalanda Park, Old GHB, Nr.Gorwa GIDC, Gorwa, Baroda – 390 016