GAYATHRI (REGD.)

140, Dhruva Apartments, 4, I.P. Extension, Delhi-110092
Tel: 43702484, 22722901

MEMBERSHIP APPLICATION FORM

Admission Fee: Rs.100/-. Annual Membership: Rs.200 Life Membership: Rs.1500

I hereby apply for the membership and agree that I will abide by the prevailing Rules & Regulations of the **Gayathri (Regd), New Delhi**. In the event of my failure to do so, my membership may be cancelled immediately without intimation. I am enclosing a cheque No…….. dated…….. for Rs……. towards Admission Fee & Annual/Life Membership.

NAME	

RESIDENTIAL ADDRESS	
Telephone No.	
Mobile No.	
E.MAIL ID:	

OFFICIAL ADDRESS	
Telephone No.	
FAX NO.	

PERMANENT ADDRESS	
STD CODE/ Tele. No.	

MARITAL STATUS	SINGLE / MARRIED *(If married, name of the spouse)*	

Terms & Conditions:

1. The Executive Committee reserves the right to refuse any application for membership without assigning any reasons.
2. The rights and privileges of each member shall be personal and not transferable. Admission/Membership fee cannot be refunded.
3. The annual subscription is payable in advance for each financial year in full and shall fall due on April 1st of every year, and payable within 30 days.
4. Any member in default of payment of his/her annual subscription shall not have the right to vote, or to hold any office in Gayathri (Regd.)
5. Any member who is in default of his/her annual subscription for two years shall cease to be a member of the Gayathri (Regd.)

(Signature with date)

Introduced by:	*Membership No:*

(For Office use only)

Submitted in the Committee Meeting held on		***Accepted***	***Rejected.***
Membership No.	***Receipt No.***	***Mode of payment: Cheque/Cash***	***Date.***

Secretary **President**