



LIVE TOGETHER WELFARE GROUP

Regd. Office :- VILL-MAJHERAUT,P.O-CHAMRAIL,DIST- HOWRAH,PIN CODE-711114

Regd. No. S/2L/58840 (12AA, 80G Registered)

Email Id : livetogetherwelfare_2011@yahoo.com Phone No.9874076476/9681091852

APPLICATION FOR MEMBERSHIP

Applicant's recent
Passport size
photo
Should be affixed
here

1. Name of the Applicant :

2. Son of /daughter of/Wife of :

3. Sex : Male/Female

4. Age as on date :

5. Date of Birth :

6. Residential Address
(Full Postal address with Pincode)

a) Permanent :

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b) Temporary :

(if differs from above)

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7. Occupational/Office/Business Address :
(Full postal address with PINCODE)

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8. Phone No./Mobile No :

9. Email Id :

I hereby express my willingness to become a member in the society and undertake to abide by the bye-laws of the society for the time being in force. I declare that I am not a member in my registered society of the same class. Date ;

Place :

Signature/Left-thumb impression
of the applicant

FOR OFFICE USE

Committee's Resolution No..... dated.....

Cash Receipt No..... Dated..... For Rs.....

Signature of the
Chief Executive/Authorized Person

Acknowledgement for the receipt of membership application form

Mr./Mrs..... has submitted this day a "Membership Application Form"

Date:-

Note: Approval of membership is strictly on the decision of Governing body. Mere application and corresponding fund transfer won't entitle automatic membership.

Signature of Official of the Society