

APPLICATION FOR THE MEMBERSHIP

HAVYAKA WELFARE TRUST, MUMBAI

(A non-profit social & cultural organisation registered under charitable Trust Act & Societies Registration Act).

Send this completed form to:

Hon.General Secretary,
Havyaka Welfare Trust,
B – 207, Valmiki Apts,
Sundar Nagar,
Kalina,
Vidyanagari P.O.
Mumbai – 400098,
INDIA.
Phone: 26652591.



(Estd. 1964)

Membership Category and fees:

Patron (PT) Rs.5010/-,
Patron Foreign (PTF) US\$ 150/-
Benefactor (BN) Rs.3010/-,
Sustaining Life Member(SL) Rs 2010/-
Life Member (LM) Rs 510/-
Remittance through DD/- Local cheque
in favour of '**Havyaka Welfare Trust**'
(P.S. Fees are subject to revision &
payments may be made referring latest
" Havyaka Sandesha"

- * I wish to enroll myself as a member. I shall abide by the Rules and Regulations of the Trust.
* Category of membership required : PT / PTF / BN/SL / LM Whether new member / up gradation:.....
(Write existing membership no. in case of up gradation)

* Full Name Mr/Mrs/Miss.....* Date of birth.....
(Surname) First Name) (Middle Name)

* GotraAny existing Havyaka member in the same house? Yes/ No

If Yes, Membership No., Name of the member.

Shortened Name & Mailing address with pin code (Write Surname first)	Tel: (R) , (O) f ax, E-mail	For Identification: Family name/ Native village of father /Grand father/ Taluk	Name of the Organisation/ Occupation
.....			
(R) (O) (Fax) (E-M)			
.....			

* Cash / DD/Cheque No:..... Date of DD/Cheque..... Amount Rs.

Date..... Signature of the applicant

Introduced by: (Introduction by two existing members required).

1. Name..... Membership No. Signature
2. Name Membership No. Signature

FOR OFFICE USE ONLY.

Payment Receipt No. & Date..... Membership No.

Admitted in the Mg.Com. meeting dated