



Reg. No. : 2284/59-60

FORM No.: 3751

THE BENGALLEE ASSOCIATION Bengaluru

Tagore Cultural Centre, 1-A, Assaye Road, Bengaluru - 560042
Phone: 080 2536 5087 Email: admin@bengaliassociation.org
Website: www.bengaliassociation.org



Membership No.:

MEMBERSHIP FORM

Dear Sir,

I wish to enrol myself as a member of The Bengalee Association, Bengaluru. My details are as under:

Membership Type: Regular Membership Associate Membership Life Membership Renewal

Title _____ First Name _____ Middle Name _____ Last Name _____

Company Name * _____

Father's Name _____

Date of Birth (dd/mm/yyyy) _____ Place of Birth _____

Marital Status _____ Spouse's Name _____ Anniversary Date (dd/mm/yyyy) _____

Blood Group _____ Spouse's Blood Group _____

Address _____

City _____ Zip Code _____ Country _____

Phone _____ Mobile Phone _____ Email Address _____

Preferred Communication Mode Email Only Post Only Both None

Profession _____

Name(s) of Family Members with Relationship and Age _____

Introducers

Proposed By _____ * Membership No. _____ Signature _____

Seconded By _____ * Membership No. _____ Signature _____

* Introducers must be valid members

* Proof of Address to be attached: Telephone Bill/Driving License/Voter ID etc.

* Two copies of recent Passport Size photographs to be attached

The Bengalee Association

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Additional Information:

Areas of Interest Social Work Puja Cultural Activities Administration Organizing Events
 Photography Library Fund Raising Sports Vocational Training
Any Other(s) _____

How did you come to know about The Bengalee Association _____

How long have you been residing at the given address/Bangalore _____

Are you a member of any other Club/Association (please mention) _____

Is any other person in your family a member of this Association Yes No

If yes, please mention his/her Name _____ * Membership No. _____

The above information provided by me is true to my knowledge. I hereby agree to comply with The Bengalee Association's statutes and its rules.

At _____ On / /

Signature

* Fees: Admission Fee: Rs. 100.00 Library Fee: Rs. 100.00 Annual Fee; Rs. 720.00

Total: Rs. 920.00

For Office Use Only

The membership application has been Approved/Not Approved

Endorsement by the Executive Committee

Membership Type _____ **Membership Number** _____

Date of Approval _____

Details of Fees Paid

Amount Paid _____ **Receipt No.** _____ **Date** _____

Signatures

Membership Secretary

Date _____

General Secretary

Date _____

President

Date _____

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