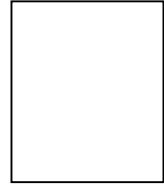


APEX MEMBERSHIP FORM

Administrative Office:

Kesharkunj, 19A, Roy Street, Kolkata-700020

(Under clause 3(D), 3(E) 3(F) 3(G) and 3(H) of the regulation of Vipra Foundation)



PLEASE FILL IN CAPITAL LETTERS WITH BLACK INK

Date: ___ - ___ - ___

Name	:	_____	Date of Birth		
Father's / Husband's Name	:	_____	DD	MM	YYYY
Residential Address	:	_____	Marriage Anniversary		
		_____	DD	MM	YYYY
		_____	Native Place & District		
Contact No.	:	_____	Mobile: _____		
Office / Work Address	:	_____			
		_____	Sub-Caste		

Contact No.	:	_____	Mobile: _____		
Email ID	:	_____	Fax: _____		
Zone No.	:	_____ District _____ Chapter: _____	Occupation		
Spouse Name	:	_____	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Others (Specify)		
Nominee (Family Member Only) (Not applied for Vishishta Member)	:	_____ Relationship: _____			

I WISH TO BE A MEMBER AS FOLLOWS:

- ₹ 21 Lac (Patron Member)
 ₹ 51 Lac (Dignified Member)
 ₹ 11 Lac (Param Vishishta Member)
 ₹ 5 Lac (Ati Vishishta Member)
 ₹ 1 Lac (Vishishta Member)

Enclosed Cheque No.: _____ Dated _____ Drawn on _____
 ₹ _____ (Rupees _____)

I agree with rules and Regulation of Vipra Foundation and shall devote my time, skill to do all the best for Vipra Foundation

PAN No.: _____ Place: _____ Date: _____ Signature: _____

FOR OFFICE USE ONLY

Receipt No.: _____ Date: _____ Amount: _____ (Rupees _____)
MEMBERSHIP ENROLLED:
<input type="checkbox"/> ₹ 51 Lac (Dignified Member) <input type="checkbox"/> ₹ 21 Lac (Patron Member) <input type="checkbox"/> ₹ 11 Lac (Param Vishishta Member) <input type="checkbox"/> ₹ 5 Lac (Ati Vishishta Member) <input type="checkbox"/> ₹ 1 Lac (Vishishta Member)
Membership No. : DM/ _____ PM/ _____ PVM/ _____ AVM/ _____ VM/ _____
Signature: _____