



ZONAL MEMBERSHIP FORM

## ZONE- 17

(Tamilnadu and Pondichery)

**Zonal Office :**

37, Oddiyappanayakan Street, Saukarpeth, Chennai-600079

(Under clause 3(A), 3(B) and 3(C) of the regulation of Vipra Foundation)

PLEASE FILL IN CAPITAL LETTERS WITH BLACK INK

Name	:	_____	Date of Birth		
Father's / Husband's Name	:	_____	DD	MM	YYYY
Residential Address	:	_____	Marriage Anniversary		
		_____	DD	MM	YYYY
Contact No.	:	_____	Native Place & District		
		_____	Mobile: _____		
Office / Work Address	:	_____	Sub-Caste		
		_____	Gotra		
		_____	Occupation( ✓)		
Contact No.	:	_____	<input type="checkbox"/> Service		
Email ID	:	_____	<input type="checkbox"/> Business		
		_____	<input type="checkbox"/> Profession		
District	:	_____	<input type="checkbox"/> Others (Specify)		
		_____	Chapter: _____		

I wish to be a member as follows:

₹ 100/- Zonal General Member

₹ 1000/- Zonal Active Member

₹ 11000/- Zonal Life Member

Enclosed Cheque/ Cash 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

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

### FOR OFFICE USE ONLY

Receipt No.:	_____	Date:	_____	Amount:	_____	( Rupees _____
MEMBERSHIP ENROLLED:						
<input type="checkbox"/> ₹ 100/- Zonal General Member		<input type="checkbox"/> ₹ 1000/- Zonal Active Member		<input type="checkbox"/> ₹ 11000/- Zonal Life Member		
Membership No. :						
ZGM/	_____	ZAM/	_____	ZLM/	_____	
<b>Office Bearer's Signature:</b>						