

## ZONAL MEMBERSHIP FORM

**VIPRA FOUNDATION ZONE-1****(RAJASTHAN)****Zonal Office :**

Plot No. 8, Jadaun Nagar – B, Opp: Durgapura Railway Station, Jaipur-302018  
(Rajasthan)

(Under clause 3(A), 3(B) and 3(C) 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
	:		Gotra
	:		
Contact No.	:	Mobile:	Occupation( ✓)
Email ID	:	Fax:	<input type="checkbox"/> Service
	:		<input type="checkbox"/> Business
District	:	Chapter:	<input type="checkbox"/> Profession
	:		<input type="checkbox"/> Others (Specify)

I wish to be amember as follows:

☐ ₹ 100/- General Member    ☐ ₹ 250/-Active Member    ☐ ₹ 1000/- Super 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/- General Member    ₹ 250/-Active Member <input type="checkbox"/> ₹ 1000/- Super Active Member <input type="checkbox"/> ₹ 11000/- Zonal Life Member			
Membership No. :	GM/	AM/	SAM/ ZLM/
Office Bearer's Signature:			