



ಬನಶಂಕರಿ ದೇವಾಂಗ ಸಂಘ(ರಿ)

#383, 5ನೇ ಮುಖ್ಯ ರಸ್ತೆ, 7 ನೇ ಬಿ ಅಡ್ಡ ರಸ್ತೆ, ವಿನಾಯಕ ಬಡಾವಣೆ,
ನಾಗರಭಾವಿ 2 ನೇ ಹಂತ, ಬೆಂಗಳೂರು-560072. Mob: 9482901131
Web-site : <https://devangas.org> e-mail: banashankari.ds@gmail.com



APPLICATION FOR MEMBERSHIP

Application No.....

Name _____ Blood Group _____

Date of birth _____ Date of marriage _____

Education _____ Occupation _____

Addresses.:

Present Address	Permanent Address	Office address

Phone /Mobile Nos:

Residence Office

Mobile No..... Email

Particulars of Family Members:

Sl. No	Name of family members	Age	Relationship	Cell No & Email id

I wish to become the Life Term Member of this organisation and commit to extend my support and co-operation in the activities of the Sangha.

Date:

Signature of the Applicant

Name of the proposer: _____

Membership since: _____

Signature of the proposer : _____

For Office use only

Membership accepted:

Receipt No:	
Date:	
Membership Fee:	Rs.
Membership No:	

Notes:

1. Life term Membership Fee is **Rs. 500/-**.
2. Members are requested to inform to sangha any changes in their contact numbers /mobile numbers and e-mail ids, to enable sangha to inform about the sangha's activities.
3. Sangha expects active participation of each member for the growth and welfare of its members.

Treasurer

Secretary

President
