



AGARWAL CLUB

MEMBERSHIP FORM

FIRST NAME

SPOUSE NAME

SURNAME

GOTRA

CITY OF ORIGIN

ANNIVERSARY [MM/DD/YYYY]

ADDRESS

STREET

LANDMARK

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

APPLICANT

SPOUSE

DATE OF BIRTH

BLOOD GROUP

QUALIFICATION

COMPANY



AGARWAL CLUB

MEMBERSHIP FORM

	APPLICANT	SPOUSE
OFF. NUMBER	<input type="text"/>	<input type="text"/>
MOBILE NO	<input type="text"/>	<input type="text"/>
INTERESTS/HOBBIES	<input type="text"/>	<input type="text"/>
SOCIAL ORGANISATIONS ASSOCIATED WITH	<input type="text"/>	<input type="text"/>
ACHIVEMENTS	<input type="text"/>	<input type="text"/>
EMAIL ID [APPLICANT]	<input type="text"/>	
EMAIL ID [SPOUSE]	<input type="text"/>	
OFF. ADDRESS	<input type="text"/>	
	<input type="text"/>	

CHILDREN NAME	DOB	OCCUPATION/ EDUCATION	BLOOD GROUP	EXTRA CIRRICULAR ACTIVITY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DO YOU KNOW ANY OF OUR EXISTING MEMBER?	<input type="text"/>
WHY WOULD YOU LIKE TO JOIN OUR CLUB	<input type="text"/>



AGARWAL CLUB

MEMBERSHIP FORM

PROPOSERS NAME

PROPOSERS COMMENT ON APPLICANT

SINCE WHEN YOU KNOW THE APPLICANT

WHY YOU WANT APPLICANT TO BE PART OF CLUB

Please fill and email this form to our club secretary Shri. Mukesh Gupta
(Mob: +91 9370252527) Email: mukeshvgupta@gmail.com

TERMS AND CONDITIONS

With the exception of the selecting committee members, every member can propose one person for membership. There can only be one sibling brother from one family. On becoming a member for a year, he must pay one time Rs. 21,000 (in addition to annual subscription) as his contribution to the Agarwal Club, Pune Charitable Trust. I agree that if I am selected, the Bye Laws of the Club as amended from time to time shall be binding on me. I have also read and agree to abide by the terms and conditions mentioned above.

APPLICANT

Signature:_____

Date: / /

PROPOSER

Signature:_____