**Tejus Charitable Society** Trivandrum **Reg. No: T-1779/11**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application for Membership

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| **Membership Number** - |

Application No. -

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| --- | --- |
| Name of the Applicant: |  |
| Date of Birth: |  |
| Gender: |  |
| Blood Group: |  |
| Nationality: |  |
| Qualification: |  |
| Occupation: |  |
| Permanent Address:  Landline Number: |  |
| Temporary Address:  Landline Number: |  |
| Personal Mobile Number(s): |  |
| Personal e-mail(s): |  |
| Office Address:  Contact Number(s):  Official e-mail: |  |
| If you are a member of any other Charitable Society, provide details: |  |
| Remarks |  |

Terms and Conditions:

1. The Executive committee has the power to approve/reject this application for membership without assigning any reason.
2. All members are bound to protect the interests of the Society and to obey the bye-laws and the decisions of the Executive committee.
3. Those members who work against the interests of the Society and who cause loss to the Society shall lose their membership.

Declaration

I have read and understood the terms and conditions stipulated above and I hereby declare that the information provided by me is true to the best of my knowledge and belief. I shall abide by the rules and regulations of the Society and shall be personally liable to bear any financial losses occurred to the Society due to any of my activities that are done without the consent of the Executive committee.

Place:   
Date: Signature of the Applicant.

Photograph

Soft copy of the application form may be forwarded to **help@tejusindia.com**

**For Office Use Only**

Executive Committee Decision:   
Date:   
Type of Membership:

Amount Paid:   
Payment Date:   
Receipt Number:

Notes: Secretary