# MEMBERSHIP FORM

Prerna

Application No :

'SAI KRIPA', 126, Station Road,
Hatia, Ranchi – 834 003, Jharkhand
+91 92041 75432

**For office use**

Recieved on : _____
Enrolled on : _____
Membership No.: _____
Catagory : _____
Reciept No. : _____
Valid upto : _____

To
PRERNA, Ranchi

I hereby apply for being enrolled as Member of PRERNA in my individual capacity

I have read the memorandum of Assocaition & Rules & Regulations and agree to abide by them and to pay the Admission Fee/Annual subscription as fixed from time to time. I understand that the decision of PRERNA regarding my application for memebership will be final . I am, hereby, submitting Cash, Online payment, Cheque / DD No. ..... drawn on .....

Date : Signature of Applicant

Proposer's Name Membership No. Catagory

PARTICUALRS OF THE APPLICANT

Name of applicant : Mr. / Ms

*Nationality *Sex *Date of Birth

Address

Clty

Pin State _____

Telephone Off : Code

Res. Code

Fax E-mail : _____

Educational Qualification :

Profession :

Fee Structure :

| | | |
|---|---|---|
| Admission Fee | : | Rs. 1000.00 |
| Monthly Subscription fee | : | Rs. 250.00 |

For office use only

The Application of _____

is approved / rejected on _____

for PRERNA

Signature with Seal