

G.S.B. SABHA, MUMBAI
MEMBERSHIP APPLICATION FORM

To,
The President
Gowd Saraswat Brahman Sabha
101 Shreenidhi, 76, Bhaudaji Road,
Matunga, Mumbai - 400 019.

Fees Payable

Patron	Rs. 100 100/-
Life Member	Rs. 50 50/-
(Includes Re.1/- Entrance fee)	

Sir/Madam, *

Please enrol me as a **PATRON/LIFE MEMBER** * of the Sabha. The requisite membership fee of Rs.501/ Rs.251 * is sent herewith by Cash/Cheque *

CHEQUE No. _____ dated _____

BANK / BRANCH _____ e _____

Please issue me a receipt for the same.

I agree to abide by the rules and regulations of the GSB Sabha.

I declare that I am above 18 years of age.

Full Name: (INBLOCK LETTERS)

Mr. / Mrs. / Ms. * _____

Address (to which all correspondence will be sent): (INBLOCK LETTERS)

_____ Pin : _____

Gotra: _____ Kuldevta _____

Telephone No. : Land Line : _____ Mobile : _____

Name & Membership Number of any other member of this G.S.B. Sabha staying at same address : E-mail id.: _____

(Please see Note below)

Yours faithfully,

Place : _____

Date : _____

Enrolled by _____

Signature

* Strike out whichever is not applicable

NOTE : In order to save on printing and postage expenses, members residing at same address will be clubbed in our mailing list unless we hear from you otherwise.

FOR OFFICE USE ONLY

Receipt No. _____ Date : _____

Passed by Managing Committee On : _____

Membership No. : _____

Jt. Hon. Secretary

President