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### CHARITABLE TRUST

Societies Registration Act 1860 Maharashtra State, Mumbai, 3736 2010, G.B.B.S.D.

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### MEMBERSHIP APPLICATION FORM

(PLEASE FILL ALL THE INFORMATION IN CAPITAL LETTERS)

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



PHOTO

TEL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPTATION \_\_\_\_\_

REFERENCE \_\_\_\_\_

(HOW DID YOU COME TO KNOW ABOUT  )

I CONFIRM THAT THE ABOVE INFORMATION IS CORRECT.

THE APPLICATION IS CANCELLED IF ANY OF THE ABOVE INFORMATION FOUND INCORRECT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLACE

\_\_\_\_\_  
SIGNATURE