



## The Bassein Kerala Samajam (Regd.)

Tereza Mansion, Manickpur, Vasai Road(W), Dist. Thane - 401202

(Registration No. E-407 THANE)



### APPLICATION FOR MEMBERSHIP

Sr. No. \_\_\_\_\_

Date \_\_\_\_\_

To,  
The Secretary,  
The Bassein Kerala Samajam  
Manickpur, Vasai Road (W) - 401 202.

Dear Sir,

I desire to enrol myself as a PATRON / LIFE / ORDINARY / ASSOCIATE member of The Bassein Kerala Samajam (Regd.).  
I agree to pay the membership fee as follows :

Membership Fee (Please click on the relevant column)

Patron	Life Member	Ordinary / Associate Member	Library Deposit	Maintenance Fee
₹1000/-	₹250/-	₹60/- per annum	₹20/- per book	₹10/- per month

In addition to membership fee I also agree to pay Admission Fee ₹10/- and Medical Aid ₹40/-

### APPLICATION FOR MEMBERSHIP

Name (in Block letters) \_\_\_\_\_

Present Address \_\_\_\_\_

Tel.No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail ID \_\_\_\_\_

Permanent Address \_\_\_\_\_

Office Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Blood Group \_\_\_\_\_

Business / Profession; if any : \_\_\_\_\_

Extra curricular activities \_\_\_\_\_

Library facility required or not. If yes, Number of books required :

- I solemnly affirm that I will participate wholeheartedly in all activities and programmes of the Samajam and will extend full co-operation in achieving the aims and objectives laid down in its Constitution.
- I hereby declare that I have read the Constitution of the Samajam and promise to abide by the existing rules and regulations and the changes that may occur from time to time.
- I also hereby declare that I am not a member of any other organization functioning in this area which is found for the same aims and objectives as those the Bassein Kerala Samajam.

Yours faithfully

Introduced by: \_\_\_\_\_

(Signature of the Applicant)

Membership No. \_\_\_\_\_

Name \_\_\_\_\_

\* Applicants for Life Membership should pay ₹300/- .

Note: Please enclose two passport size photographs

Received with thanks from \_\_\_\_\_

₹ (Rupees)

as per Receipt No. \_\_\_\_\_

dated \_\_\_\_\_

Membership approved by the Managing Committee meeting held on \_\_\_\_\_

Membership No. allotted \_\_\_\_\_

PRESIDENT

TREASURER