

APPLICATION FOR ISSUE OF SMART MEMBERSHIP CARD

Please Use **BLOCK LETTERS & Black Ink**

Please Paste (do not staple) one photo each for self, wife & dependent children in the respective space provided at the back of this form.

1. Type of Membership (Please Tick) :

Honorary Life Time Permanent Corporate Temporary Short Duration

2. Membership No Nationality : _____

3. Title : Mr. Mrs. Ms. Others (Please Specify) _____

Rank (Only for Armed Forces) _____

Name First : _____ Middle : _____ Last : _____

4. Date of Birth (dd/mm/yy) : _____ Pan # _____

5. E-Mail : _____ Blood Group _____

6. Marital Status (Please Tick) : Single Married Widow

7. Father's Name : _____

8. Mother's Name : _____

9. Present Address : _____

10. Phone : _____ Mobile : _____

Permanent Address : _____

Phone : _____ Mobile : _____

11. Office Name : _____

Office Address : _____

Phone : _____ Fax : _____

Office Website : _____ Email : _____

12. Preferred Billing Address (Please Tick) : Present Permanent Office

Contd...2

(2)

Category : Honorary Life Time Permanent Corporate Temporary Short Duration

MemberShip No

PHOTOS WITH SPECIMEN SIGNATURES (S) (Please sign with **BLACK INK** within the box only)

Kindly Paste your Photograph here
(Please do not staple)

Member

Spouse

Kindly Paste your Photograph here
(Please do not staple)

Name on Card : Name on Card :

Signature

Signature

Dependant (s)

Kindly Paste your Photograph here
(Please do not staple)

Name on Card :

Signature

Date of Birth.....

Name on Card :

Signature

Date of Birth.....

Kindly Paste your Photograph here
(Please do not staple)

Kindly Paste your Photograph here
(Please do not staple)

Name on Card :

Signature

Date of Birth.....

Name on Card :

Signature

Date of Birth.....

Kindly Paste your Photograph here
(Please do not staple)

I Would like to have the following Card :

Just one Card for Self, Spouse & Dependents.

One Separate Card for Self and One Separate Card for Spouse with Children.

Separate Card Each for Self, Spouse and Dependents.

Date (Sig of Member)

FOR OFFICE USE ONLY

Date of Issue of New Card Total No of Cards

Signature of Card Received