

THE SAPHALYA SEVA SANGHA

Regd. under Public Trust Act 1950-F-1767 (Mumbai)
603, Kesar Kunj, Sai Rath Co-op. Hsg. Soc. Ltd., Telly Galli Cross Road,
Andheri (E), Mumbai-400 069. • Tel.: 2682 0911 • Email: saphalyasangha@gmail.com

MEMBERSHIP FORM

Membership No. _____

Date _____

Dear Sir,

I request you to enroll me as a Member (**Great Grand Patron, Grand Patron / Patron / Life Member**) of '**THE SAPHALYA SEVA SANGHA**'

I am remitting an amount of Rs. _____ towards the membership fees and I agree to abide by the rules and regulations of the Sangha. I am giving the details for your kind consideration :

Full Name : _____

Age : _____

Marital Status : Married / Unmarried

Father/Husband Name : _____

Local Address : _____

E-mail : _____

Phone : _____ (Mobile) _____

Native Place : _____

Proposed by : _____

Seconded by : _____

Applicant's signature

Membership Fees : Great Grand Patron Rs. 5000, Grand Patron Rs. 2000, Patron Rs. 1000,
Life Membership Rs. 500.

FOR OFFICE USE ONLY

Approved in the Managing Committee Meeting held on _____

President

Hon. Gen. Secretary