



30, New colony, 8<sup>th</sup> Street Extn, Adambakkam, Chennai – 600 088 , 8926685685  
 E-Mail: [sreedastrust@gmail.com](mailto:sreedastrust@gmail.com) , [www.sreedastrust.org](http://www.sreedastrust.org)

## MEMBERSHIP FORM

All prospective members of Sreedas trust are required to complete this registration form and return to this office by post or courier. Please indicate your payment method.

Affix a passport size photo

### SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> OTHER, SPECIFY:		
FULL NAME			
FATHER'S NAME		MOBILE PHONE	
MOTHER'S NAME		MOBILE PHONE	
ADDRESS		HOME TELEPHONE	
TOWN /CITY		WORK TELEPHONE (if different)	
STATE		PRIMARY EMAIL	
PIN CODE		SECONDARY EMAIL	

### SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	JOINING FEE	MEMBERSHIP DUES (Annual)	PLEASE TICK
LIFE MEMBER	Life Membership	Rs. 2500	-	
ANNUAL MEMBER	One-year Membership	-	Rs. 300	
PAYMENT METHOD	<input type="checkbox"/> DD <input type="checkbox"/> Cheque <input type="checkbox"/> Bharath pay <input type="checkbox"/> Other			

### SECTION 3: MEMBER INFORMATION

GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BLOOD GROUP
OCCUPATION / JOB TITLE		DATE OF BIRTH
WEDDING ANNIVERSARY		
SPOUSE BIRTHDAY		
CHILDREN BIRTHDAY		

**Declaration:** I promise to abide by the rules and regulations of Sreedas trust

I have paid membership fees Rs. .... / Please see enclosed a cheque or Money transfer reference for Rs. ....

SIGNED (or write name here)

DATE

PROPOSED BY

NAME

M NO.

SIGN

The information provided above will also be used to keep you informed about Sreedas events in future.

**FOR Sreedas USE ONLY:**

Date Received	Chq / Transfer Detail	Payment confirmed	Receipt issued	Treasurer sign / Entered DB

SECRETARY

NAME

SIGN