



Baroda Nair Welfare Association (Regd.)

102, Anjali Apartment, Opp. ONGC Gate Makarpura Road, Vadodara - 390 009 Ph. No. : 2646415

APPLICATION FOR MEMBERSHIP

Name in Full : Surname : _____

Name : _____ Dt. of Birth : _____

Blood Group : _____

Address (Resi.) : _____

(Office) : _____

(Kerala) : _____

Phone : (O) _____ (R) _____

Mobile : _____ E-mail : _____

Marital Status : _____

Wife's Name : _____ Date of Birth : _____ Blood Group : _____

Details of Children :

Sr. No.	Name	Sex M/F	Dt. Of Birth	Qualification	Occupation	Marital Status	Blood Group	Star
1.								
2.								
3.								
4.								

I hereby declare that the information furnished above are correct to the best of my knowledge.

I _____ do swear solemnly affirm that I will be faithful and bear true allegiance to BNWA and to its constitution thereof as established and that I will continue as a loyal, honest and impartial member.

Place : Vadodara

Date - _____ Signature of the Applicant _____

FOR OFFICE USE ONLY

(To be completed by the Committee Members)

Nature of Membership Granted : Yearly/ Life _____

Proposed by : _____ Area : _____

Amount collected : Rs. _____ Period of the Membership fee : _____

Receipt No. _____ Dt. _____ Signature _____