



MEMBERSHIP FORM

A-4 Passport Size photo

To,
PRESIDENT/ GEN. SECRETARY,
GHOWA,
MAHABALIPURAM, CHENNAI -603 104

OWNER'S NAME (IN CAPITAL): _____ AGE: ____ YRS.

MOBILE NUMBER:

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EMAIL ID: _____

FATHER'S / HUSBAND'S NAME: _____

BLOOD GROUP: _____

PROPERTY ADDRESS: _____

PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE): _____

FAMILY DETAILS:

S.No.	NAME OF FAMILY MEMBER	AGE (YRS.)	RELATION (TO OWNER)	BLOOD GROUP
1.				
2.				
3.				
4.				
5.				

DEAR SIR,

I WANT TO BECOME A MEMBER OF GHOWA, MAHABALIPURAM \$ UNDERTAKE TO PAY THE PRESCRIBED FEE BY PAYING RS. TWENTY FIVE THOUSAND (Rs. 25000/-) ONLY, AS THE MEMBERSHIP FEE. I ALSO GIVE MY CONSENT TO PAY RS. EIGHT HUNDRED FIFTY (Rs.850/-) ONLY, PER MONTH AS SUBSCRIPTION/RENEWAL FEE.

SIGNATURE OF THE OWNER

NAME

DATE

FOR GHOWA OFFICE USE:

1. MEMBERSHIP NO. ALLOTTED: YES / NO MEM. FEE RECEIPT NO.:

2. SIGNATURE OF PRESIDENT /GEN SECRETARY /TREASURER:

3. FORM RECEIVED BY (NAME/FLAT NO.):

4. OFFICE SEAL: