



E-mail : telanganahcaa@gmail.com www.thcaa.co.in

Date_____

I agree to abide by the Rules and Regulations of the Association.

- (Signature of Applicant)

2. Name & Address with Enrollment No. PLTNM / DM / PM / LM /LMI / GM Signature

Encl. 1. Xerox Copy of Bar Council Enrollment Certificate.
2. Three Pass Port size Photographs coat and band.
3. Copy of ID Card issued by Bar Council.

FOR OFFICE USE

L.F. No._____

Subscription Paid from_____ to _____

	PLATINUM MEMBERSHIP Rs.	DONOR MEMBERSHIP Rs.	PATRON MEMBERSHIP Rs.	LIFE MEMBERSHIP Rs.	GENERAL MEMBERSHIP YEARLY @ Rs. 50/- PER MONTH Rs.
Subscription	1,00,000/-	25,000/-	10,000/-	5,000/-	600/-
Entrance Fee	500/-	500/-	500/-	500/-	500/-
Identity Card	200/-	200/-	200/-	200/-	200/-
Application Form	100/-	100/-	100/-	100/-	100/-
Miscellaneous	200/-	200/-	200/-	200/-	200/-
Total Rs.	1,01,000/-	26,000/-	11,000/-	6,000/-	1,600/-

Receipt Nos._____

Date :

Remarks : i) He / She is New Applicant and has paid the Subscription and
Entrance fees and is eligible for admission

 ii)

Meeting Held on :

SECRETARY

Resolution No. Dt. Of the Governing Council

Admitted_____

PRESIDENT / CHAIRMAN OF THE MEETING

FEE DETAILS

Note : 1. Platinum Membership Rs. 1,00,000/-
 2. Donor Membership Rs. 25,000/-
 3. Patron Membership Rs. 10,000/-
 4. Life Membership Rs. 5,000/-
 5. General Membership Rs. 600/-
 (Yearly Subscription
 Rs. 50/- per month)

Entrance fee Rs. 500/-, Identity Card Rs. 200/- & Application Form 100/- charges will be charged separately for every new membership.



TELANGANA HIGH COURT ADVOCATES' ASSOCIATION

(Regd. No. 510 of 2015)

Hyderabad. Mobile : 8125913755, Phone : 040-24412019

E-mail : telanganahcaa@gmail.com www.thcaa.co.in

IDENTITY CARD / LIBRARY ACCESS CARD **PARTICULARS**

PHOTO

Name (In Capitals) : _____

S/o. D/o. & W/o. : _____

Enrolment No. & Year : _____

Enrolment Date & Year : _____

Membership Date : _____

Date of Birth : _____

Blood Group : _____

Address (In Capitals) : _____

Telephone & Cell No's : _____

Email : _____

Kindly tick the appropriate box : _____

I am A

- ☐ Platinum Member
- ☐ Donor Member
- ☐ Patron Member
- ☐ Life Member
- ☐ General Member without Library Deposit

(Signature)

(OFFICE USE ONLY)

Sl. No. : _____

Receipt No. : _____

Date : _____

Time : _____

(Signature)