



LAKSHYA - Changing Lives

Registered Society under the Govt of Karnataka (Reg No DRO/SJN/SOR/215/1213)
#B4-104,Shriram Spandana Apartments,1 Floor, Challaghata, Nagasandra, Bangalore -37

MEMBERSHIP FORM

"Be the change you want to see in the world"

All prospective members of 'Lakshya – Changing Lives' are required to complete this registration form. Membership runs from June 1st of this year to May 31st of next year.

YEAR _____ ☐ NEW MEMBERSHIP ☐ RENEWAL

Attach your recent
colour photograph

And sign it.
(Do not Paste)

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms				
NAME					
DOB		BLOOD GROUP		MOBILE PHONE	
ADDRESS				HOME TELEPHONE	
				EMAIL	
				WHATSAPP	
PIN CODE				SKYPE ID	
ID PROOF ATTACHED	<input type="checkbox"/> Voter ID <input type="checkbox"/> Passport <input type="checkbox"/> DL <input type="checkbox"/> Bank Passbook <input type="checkbox"/> Others _____				

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP FEE (Annual)	Please Check
PERMANENT MEMBER	A Permanent Membership*	Rs. 1000	
ANNUAL MEMBER	An Annual Membership	Rs. 200	

* Permanent Membership is given to an annual member upon the decision of the Board considering certain criteria

SECTION 3: MEMBER INFORMATION

Occupation / Profession:
Member of any other organization? If yes, specify:
Do you want to subscribe to the updates / news of 'Lakshya – Changing Lives' ? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, provide us the mode ? (Email / Whatsapp / Both)
Is there a specific team in our organization, you would like to join? _____ (Teams are listed at www.lakshyachanginglives.org)
Describe yourself and your goal in life:
Pen down your vision as a member of 'Lakshya – Changing Lives':

SECTION 3: TERMS & CONDITIONS

- 1) The member should be above 18 years to be active member of this organization and without any criminal background.
- 2) The member should be physically and mentally strong and willing to work for the organization individually or in a group and travel at his own expenses.
- 3) The member can be removed by the Board of Members without notice for any misconduct, misbehaviour, indiscipline.
- 4) A member is expected to give required efforts and dedication for the task taken over by him.
- 5) It is expected that a member should attend the General Body Meetings and participate fully in it.
- 6) The meetings will be held on weekends i.e. Saturday or Sunday once a month or more depending upon the need/demand at various location, headed by the President and Board of Members assembling the members.
- 7) The President has the power to form or diffuse a core group, members.
- 8) It is duty of a member to give due respect to every fellow member.

SECTION 4: PERMISSION TO USE PHOTOGRAPHIC IMAGES:

Photographs of 'Lakshya – Changing Lives' members may be used in various 'Lakshya – Changing Lives' communications including 'Lakshya – Changing Lives' Website, Social Networking Sites, Emails and Promotional activities.

Group photographs taken at 'Lakshya – Changing Lives' events may be used without identifying individual members.

For individual photographs, please indicate your permission for use:

- ☐ 'Lakshya – Changing Lives' has my permission to use and identify photographs of me.
- ☐ 'Lakshya – Changing Lives' does not have permission to use and identify photographs of me.
- ☐ 'Lakshya – Changing Lives' must contact me before using any identified photographs of me.

SECTION 5: DECLARATION

I , declare that all the information furnished in this form is true to the best of my knowledge and belief. I have read the terms and condition and rules, and I will abide by them and work in the interest of the organization. My membership can be cancelled by the Board of Members without assigning any reason if my activities or conduct are deemed unfit for the organization or for any other reason. By signing this document I agree to be part of this organization, work for it and ready to obey and follow the decisions taken by the Board of members.

Date: _____

Signature of Applicant

Place: _____

Signature of General Secretary