# Indira Gandhi Rashtriya Manav Sangrahalaya, Bhopal FRIENDS OF IGRMS: APPLICATION FOR MEMBERSHIP

#### PERSONAL INFORMATION (mandatory)

<sup>o</sup> Title Mr. / Ms. / Mrs./ Dr
<sup>o</sup> First Name:
<sup>o</sup> Middle / Father's Name:
<sup>o</sup> Surname/ Family Name:
O Date of Birth:/
°Telephone:
<sup>o</sup> Mobile:
<sup>o</sup> WhatsApp no:
° Email:
O Address:
° City/ Region:
O Zip code:
o State:
° Country:
(Please attach one more photograph with this form)

### CATEGORY OF MEMBERSHIP ( select one option)

- New Membership
- Individu as Membership
- Family Membership
- Concessionary Membership
- NGO/ NPO/ Private Museums Membership
- Corporate Membership
- Gifted Membership (from-----)
- Honorary Membership
- Life Time Membership
- Senior Citizen Membership
- I would like to renew an existing card
- Existing card no.----

## OTHER DETAILS (fill if applicable)

•	Family Membership:
•	Name 1 :
•	Age:
•	Occupation:

•	Family Membership:
•	Name 2 :
•	Age:
•	Occupation:
•	Family Membership:
•	Name 3 :
•	Age:
•	Occupation:
•	Family Membership:
•	Name 4 :
•	Age:
•	Occupation:
•	CONCESSIONARY MEMBERSHIP:
Stude	ant
	ne of School/ College:
• Addı	ress:
	dent ID:
	or citizen
	ith age proof
*Staff	of museums of Bhopal
	ne of institution:
	ress:
• Emi	ployee ID:
	NPO/ Private Museums Membership
	ne of institution:
• Add	lress:
	loyee ID:
	JMENTS ATTACHED: (mention ID no. of ID proof used)
	lress Proof:
	Proof:
	lhaar ID:
	MENT DETAILS
	le of Payment: ( select one option and fill details as applicable)
	(IGRMS receipt no
	que / Draft
	ue /Draft no:
	name:
	6 - transanction no. with date of Beneficiary (in favour of):

# Director, Indira Gandhi Rashtriya Manav Sangrahalaya, Bhopal

Account No.: 10026515042; Bank: State Bank of India, RCE Campus, Bhopal,

IFSC Code: SBINO002889

Note: Draft/Cheque to be drawn in the name of Director, Indira Gandhi Rashtriya

Manav Sangrahalaya, Bhopal payable at Bhopal.

#### **DECLARATION**

The information contained in this application form is true, correct and complete. I understand that any misrepresentation may invalidate my membership.

Signed	
Date	