



WALKERS CLUB VISAKHAPATNAM

(Affiliated to Walkers International)

"Health is Wealth - Walk your way to Health"

MEMBERSHIP APPLICATION

To
The Honorary Secretary
Walkers Club Visakhapatnam
Visakhapatnam

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Name : Mr./Mrs./Miss : _____

Father/Husband's Name : _____

House Address : _____

Pin Code : _____

Mobile : _____ e-Mail ID : _____

Office Address : _____

Occupation : _____

Date of Birth & Age : _____ Blood Group : _____

Marriage Anniversary : _____

Family : Spouse : _____

Children : SONS : _____ DAUGHTERS : _____

Hobbies : _____

Walking Habit : _____

I wish to become a Life Member of the Walkers Club Visakhapatnam. My details/particulars are given for your kind consideration.

I am fully aware and understand the motto and objectives of the Walkers Club. I shall fully abide by the Rules and Regulations of the Club.

Introduced by : Wr. _____

Signature of the Applicant

Membership No. _____

Date : _____

FOR OFFICE USE ONLY

Life Membership Fee : Rs.18,000/- (Rupees Eighteen Thousand only) paid by Cash / Cheque No.

Date _____ of Bank _____ Membership No. _____

Date :

Receipt No.

Honorary Secretary

Date : _____