



Reg. No. : 2025/202503026400094

FATIMA WELFARE TRUST

Email : fatimawelfaretrustbhilwara@gmail.com

S.No. Membership Code Receipt No.

(To be Filled in by Office)

To,

The General Secretary
Fatima Welfare Trust
31/822, Shastri Nagar,
Bhilwara (Raj.)

Sir,

Paste your
recent
Passport
Photograph

I

S/o, W/o, D/o

want to apply for the membership of Fatima Welfare Trust for category given below :

- Membership Fee (11,000/-)
- General Membership Fee (5100/-)

My Personal particulars are as follows :

1. Name
 2. Sex Male Female
 3. Name of Father / Husband
 4. Age 5. Date of Birth
 6. Educational Qualification
 7. Address for Correspondence
- Block Tehsil
- District State Pin Code
- Telephone No. / Mobile (Resi) (Off.)
- E-mail ID :

If you paid by online **State Bank of India (A/c No. 44325165060) IFSC Code SBIN0006335**

We may share your contact information (Name & Address) with other members, if requested, in accordance with the current Tax Laws." We intend to use this as a valid method of communication.



I hereby declare that the above information is correct to my best knowledge. I am a Fatima Welfare Trust devotee and would support the objectives of the "Fatima Welfare Trust"

Signature : Date :

For Office Use Only

Member ID :

Approved & Checked by : Date :

Paid By : Cash Cheque Online





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I

S/o, W/o, D/o

want to apply for the membership of Fatima Welfare Trust for category given below :

- Corporate Member (11,00,000/- or More)
- Founder Member (5,00,000/-)
- Patron Member (2,50,000/-)
- Life Member (1,00,000/-)
- Special Member (51,000/-)
- Executive Member (5100/-)

NOTE : The duration of membership of special member shall be 2 years.

My Personal particulars are as follows :

1. Name
 2. Sex Male Femal
 3. Name of Fathe / Husband
 4. Age 5. Date of Birth
 6. Educational Qualification
 7. Address for Correspondence
- Block Tehsil
- District State Pin Code
- Telephone No. / Mobile (Resi) (Off.)
- E-mail ID :

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Signature : Date :

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Member ID :

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