



ALL INDIA FIELD WORKERS AND AGENT'S ASSOCIATION

S.NO. 48/3/7, NAKHATE WASTI, RAHATNI LINK ROAD

TAL. HAVELI, DIST: PUNE, PIN : 411017 (MH)

Reg. No. PN- 4668 Email –allindiafwaaa@gmail.com

NEW MEMBERSHIP APPLICATION FORM

PHOTO

- 1) Full Name of the person : -----
(In Block Letters)
- 2) Residential Address : -----
: -----
: -----
- 3) Phone No. ----- Fax No.:-----
Mobile No. ----- Email Id : -----
- 4) Office Address/es : -----
: -----
: -----
- 5) Office Phone No: -----Fax No.:-----
- 6) Age as on today : -----
Date of Birth : -----
- 7) Marital Status : Married/ Unmarried
- 8) Sex: : Male/ Female
- 9) Blood Groop : -----
- 10) Whether can donate blood : yes/no
- 11) Name of the other family members:
: ----- : -----
: ----- : -----
: ----- : -----
- 12) Year in which you started your work/employment & where:
: ----- : -----
: -----:Rank----- Code No.-----
- 13) Names of the close relatives/friends/colleagues to be contacted in case of need/ emergency.
: -----:Mob.No.-----

14) Their Address including Phone/Cell No.

15) Name of the Family ,Doctor::-----

16) Clinic Address including Phone No: -----

17) Residential Address including Phone No: -----

18) Mention specific chronic ailments, if any: -----

19) In what capacity you will be working: -----

20) To which company/ organisation you are affiliated to and what capacity and its full address:

Place:

Dated

SIGNATURE OF THE APPLICANT

I Shri/Smt. ----- personally know
Shri/Smt. ----- since last ----- years and I hereby propose his name
for being enrolled as a member of ALL INDIA FIELD WORKERS AND AGENT'S ASSOCIATION,

Place

Signature of Proposer

Date

Name of the Proposer: -----

I Shri/Smt. ----- personally know
Shri/Smt. ----- since last ----- years and I hereby propose his name
for being enrolled as a member of ALL INDIA FIELD WORKERS AND AGENT'S ASSOCIATION,

Place

Signature of Proposer

Date

Name of the Secoder: -----

I Shri/Smt. ----- is hereby enrolled as a member of ALL INDIA
FIELD WORKERS AND AGENT'S ASSOCIATION, to day i.e. --- day of ----- 20

President : A.I.F.W.A.A.

SECRETARY: A.I.F.W.A.A.