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## **MEMBERSHIP FORM**

*(fill everything in BLOCK letters)*

**Name (in full):**

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:**

*Paste the  
Passport Photo*

**Contact Details: Call:**

**WhatsApp:**

**E-mail ID:**

**Employed: YES/NO**

**Occupation/Company Name:**

**Signature**

*(to be filled by authorities)*

**Date of Issue:**

**Valid till:**

**Role Appointed:**

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**(Signature of Authority)**

### ***Terms & Conditions:***

- 1. The membership form has to be renewed every financial year.*
- 2. There is NO membership fees, however the new member is free to donate in our endeavors.*
- 3. The membership can be retracted anytime without any prior notice by the authorities.*
- 4. A one time Joining Fee of INR 100/- is to be paid at the time of application.*

**Scan the OR code  
UPI ID: 8910070750@sbi**

