



**NEXORA CLUB**  
Innovation & Aura



+94 76 484 6394 ☎  
nexora@gmail.com ✉

## REGISTRATION FORM

Full Name : \_\_\_\_\_

NIC / ID Number : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Gender : ☐ Male ☐ Female

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Email Address : \_\_\_\_\_

### Membership Details

Registration Fee Paid (Rs.1500): ☐ Yes ☐ No

Monthly Fee Agreed (Rs.500): ☐ Yes ☐ No

### Declaration

I hereby agree to follow the rules and regulations of Nexora Club as stated in the constitution.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member



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Date

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Signature of Chairman