



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

Signature of Chairman