## MEMBERSHIP FORM

(To be filled in BLOCK LETTERS only)

You are invited and encouraged to attend and participate in our projects / events. By becoming member of SSWO you are contributing your share for the welfare of the mankind and becoming reason /part of the developed nation.

NAME:	WELFAR.
ADDRESS:	
	S S S S S S S S S S S S S S S S S S S
DATE OF BIRTH :	CONTACT NO :
OCCUPATION :	BLOOD GROUP :
EXPERTISE IN :	201
EMAIL ID:	REFERRED BY
ONE TIME ADMISSION F	EE : Rs 100/-
ANNUAL MEMBERSHIP	FEES : Rs 1000/-
ANNUAL MEMBERSHIP P	CONTACT NO :  N : BLOOD GROUP :  REFERRED BY  DMISSION FEE : Rs 100/- EMBERSHIP FEES : Rs 1000/- EMBERSHIP PERIOD (1 <sup>ST</sup> APRIL TO 31 <sup>ST</sup> MARCH)
DATE :	SIGNATURE:

THANK YOU FOR YOUR GENEROSITY
WE APPRECIATE YOUR SUPPORT