

# FRIENDS OF BHARAT BHAVAN

## MEMBERSHIP -FORM

No. ....

1. NAME : .....
2. FATHER'S/HUSBAND'S NAME : .....
3. DATE OF BIRTH : .....
4. FIELDS OF INTEREST : .....
5. OCCUPATION : .....
6. ADDRESS : .....
7. PHONE NO. : ..... FAX NO. ....

Dear Sir,

Hereby I request to be granted one year's/life long membership of FRIENDS OF BHARAT BHAVAN. I would abide by the terms and conditions.

DATE: .....

SIGNATURE