

MEMBERSHIP FORM

No:
Date:

To,
The Chairman,
Cancer Aid & Research Foundation,
Byculla Municipal School Bldg.,
Grd. Floor, R.Nos. 15 – 18,
N. M. Joshi Marg, Near ‘S’ Bridge,
Byculla (W), MUMBAI – 400 011

Sir,

I desire to become a Life Member of Cancer Aid & Research Foundation, Mumbai. I have studied the Rules of this Foundation and I am prepared to abide by them.

I am remitting herewith Rs. 10000/- by Cash / Cheque as my one time donation which should be credited to the Corpus Fund of the Foundation. I am also attaching herewith the following documents to establish my bonafide.

- I) Ration Card / Rent Receipt / Electricity Bill.
- II) Pan Card / Voter’s Card / School Leaving Certificate.
- III) 2 Copies of passport size photograph.

Yours faithfully,

1. Name in full:
(In block letters beginning with Surname)

2. Age:

3. Educational Qualifications:

4. Office / Residential Address:
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5. Permanent Address:
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6. Tel Nos.: Res..... Off..... Mob.....

7. Background – Experience in social / philanthropic work with any N.G.O / Charitable Trust.
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(For Office use only)

Accepted / Rejected

Date:

Chairman