



KHANDAGIRI ANCHALIKA BIKASH PARISHAD (KABP)

Regd. No. 1908/70 of 2013-2014/BBS
(Under Registration of Societies Act of XXI of 1860)

HIG-3/126, Shree Satyasai Enclave, Po.: Khandagiri, Bhubaneswar - 751030

MEMBERSHIP APPLICATION FORM

To,

The Secretary,
Khandagiri Anchalika Bikash Parishad, Khandagiri

Sir,

I/we desire to be enroled as Member of Khandagiri Anchalika Bikash Parishad and agree to abide by the provisions laid down in the bye-law of the Parishad.

1. Name of the Person / Organisation : _____

(In block letters)

2. Address : (In block letters) At : _____, Po: _____

Dist : _____, Pin: _____

3. Contact No: _____, Email : _____

4. (a) Nationality _____, (b) Sex _____, (c) Age _____, (d) Profession _____

(In Case of individual Members)

5. Regd No. (Incase of Organisation) : _____

6. Type of Membership : (a) Organisational (b) Patron
(c) Life (d) Annual

Date :

Signature of the Applicant

Accepted as _____ Member for the period _____

President

Secretary

Treasurer

Membership No. _____, Money Receipt No _____

Secretary

Treasurer