HEGGADE SEVA SANGHA (Regd.). Mumbai

(for Hegde community only)

To,

The President / Secretary
Heggade Seva Sangha (R),
Heggade Bhavana
Plot No: 24/7, Sector – 15,
Airoli, Navi Mumbai – 400708

APPLICATION FOR MEMBERSHIP

Dear Sir,

I request you to enroll me as a Life / Benefactor member of the Sangha. I will abide by the rules and regulations laid down in Sangha's Bylaws.

Sr No	Particular	Details as required
01	**Name in full**	
02	**Father's / Husband's Name**	
03	**Father's Bali (Bari) (Optional)**	
04	**Mother's Bali (Bari) (Optional)**	
05	**Marital Status**	Married / Unmarried
	Current Address	
06	**Permanent Address**	
07	**Occupation**	
08	**Mobile Number**	
09	**Email id**	
10	**Alternate Phone Number**	
11	**Membership Fee**	**Rs. 250/- / Rs.5,000/-**
12	**Payment Mode**	Cash / Cheque Chq./ Transfer No: Date Bank Name: Branch
13	**Name & Signature of Introducer**	**Name:** **Signature:**

Place:
Date:

(**Signature of Applicant**)

(For Office Use)
(Life Membership: Rs.250/- & Benefactor Rs.5,000/-)

Enrolled by: _____ Amount Paid Rs. _____

Date of Membership approved: _____ Receipt No: _____

Registration No: _____ President / Secretary: _____

BHIM UPI Pay
HEGGADE SEVA SANGHA

1047147902112 4@cnrb