

**APPLICATION FORM FOR MEMBERSHIP OF HOSDURG HEGDE SAMAJA**

**Regd No.24/90.**

Date :



AFFIX RECENT  
PASSPORT SIZE  
PHOTOGRAPH

1. NAME (IN CAPITAL LETTER ) SRI/SMT :
2. FATHER NAME :
3. MOTHER NAME :
4. D.O.B AND AGE :
- 5.ADDRESS OF THE APPLICANT  
( Along with photocopy of  
Self attested address proof  
Preferably Aadhaar card ) :
6. TELEPHONE/MOBILE NO. :
7. WHATSAPP NUMBER :
8. EMAIL ID :
9. OCCUPATION :
10. PLACE OF WORK :

I request that I may be enrolled as Life Member of the above named Hegde Samaja. The admission fee of Rs.100/- and processing charge of Rs. 10/, Total Rs.110/- (Rupees one hundred Ten only) paid as detailed below. Further, I here by agree to obey the samaja's Bylaws and standing Instructions in future.

Place :

Date :

Signature of the Applicant

Payment details of Rs.110/- by cash/transfer to Hegde samaja's bank account.

(Tick the mode of payment)