

# Bareilly Computer Dealers' Welfare Association. Member's FORM

NAME OF ORGANIZATION: \_\_\_\_\_

Company Hierarchy: (Please Tick the Applicable) (a) Proprietary (b) Partnership

(c) Pvt. Ltd. (d) Public. Ltd.

UPTT/CST : \_\_\_\_\_

Labour Registration : \_\_\_\_\_

Service Tax Registration : \_\_\_\_\_

ACTIVE Since: \_\_\_\_\_ (Year)

Member's Name: (a) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(b) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Wife's Name: (a) \_\_\_\_\_ Date Of Marriage: \_\_\_\_\_

(b) \_\_\_\_\_ Date Of Marriage: \_\_\_\_\_

Blood Group Type: (A) \_\_\_\_\_ (B) \_\_\_\_\_  
(As listed above)

No of Kids: \_\_\_\_\_

Names : \_\_\_\_\_ Age/DOB: \_\_\_\_\_ (F / M)

Names : \_\_\_\_\_ Age/DOB: \_\_\_\_\_ (F / M)

Names : \_\_\_\_\_ Age/DOB: \_\_\_\_\_ (F / M)

Names : \_\_\_\_\_ Age/DOB: \_\_\_\_\_ (F / M)

Organizational Address in Full: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residential Address in Full: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach Your Visiting Cards Along with this Membership Form.

कृपया अपना विजिटिंग कार्ड इस फार्म के साथ अवश्य लगाएँ।

Telephone Numbers: (Office) \_\_\_\_\_

(SHOP) \_\_\_\_\_

(Mobile) \_\_\_\_\_

(Residence) \_\_\_\_\_

(E-mail) \_\_\_\_\_

Deals In : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major Products : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I promise to abide by the rules and regulation of the Association as framed from time to time. I also promise to maintain decorum and discipline of the association. If I harm the Association's objectives or Banner in any way or break the discipline/decorum of the Association I shall loose the right to be a member of the Association.

I have read the above conditions and promise to abide by the same. The information given above is true to the best of my knowledge.

{Name }

{Company/Firms Seal }

(Auth. Signatory)

Please attach Your Visiting Cards Along with this Membership Form.

*कृपया अपना विजिटिंग कार्ड इस फार्म के साथ अवश्य लगाएँ।*