



MEMBERSHIP FORM

Passport
Photo

Application No.: ABMIOWA /

Rs. 1000/- Life Member

Date:

Name						
Father/Husband Name						
Address						
ID PROOF	Aadhar Card <input type="checkbox"/>	Voter Id <input type="checkbox"/>	PAN <input type="checkbox"/>	DL <input type="checkbox"/>	others <input type="checkbox"/>	
Site No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Site Sq.ft	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
No of Plots	<input type="text"/>		Total Sq.ft.	<input type="text"/>		
Date of Birth:			Age <input type="text"/>	Gender: M <input type="checkbox"/>	F <input type="checkbox"/>	
Contact Number	1. <input type="text"/>		2. <input type="text"/>			
Email	<input type="text"/>		Profession	<input type="text"/>		
Mode of Payment	Cash <input type="checkbox"/>	Cheque* <input type="checkbox"/>	D.D. <input type="checkbox"/>	UPI <input type="checkbox"/>	NEFT <input type="checkbox"/>	RTGS <input type="checkbox"/>

For ABM Infocity Owners Welfare Association (R)

Member Signature

Authorised Signatory



MEMBERS COPY

Application No.: ABMIOWA /

Rs. 1000/- Life Member

Name : _____

Address: _____

Contact No.: _____ Site No. _____

Mode of Payment Cash Cheque* D.D. UPI NEFT RTGS

For ABM Infocity Owners Welfare Association (R)

Member Signature

Authorised Signatory