

WARSA :

ETHNIC KNOWLEDGE HERITAGE SOCIETY

Yash Nagar, Anjangaon Surji Dist. Amravati (Maharashtra) 444705

**(Registration No. under Charitable Society Act- MH/342/2021/Amravati ,
Public Trust Act No. F-29097)**

Email : warsaethnicknowledge@gmail.com Mobile: 9326827719



APPLICATION FORM FOR MEMBERSHIP

Photo

To

The Secretary, Warsa : Ethnic Knowledge Heritage Society.
Yash Nagar, Anjangaon Surji , Dist. Amravati. (MS) 444705.

Dear Sir,

I wish to be enrolled as an Annual Member*/ Life Member **(In case of individuals)**

We wish to enroll our Organization/Institution/Department as an Institutional Member **(In case of Organization/Institution/Department)**

Enclosed herewith, please find the UTR /Transaction ID for online /cheque/cash for the amount of
Rs. _____ (Rupees _____) UTR/ Transaction ID No.-

-----Date-----towards individual- annual / life membership subscription,

Institutional Membership subscription (Strike words not applicable).

Details of Individual / Organization/ Institution /Department:

Name in full / Name of the Organization/ Institution /Department (block capital letters)

Designation (In case of individuals)

Organization/ Institution /Department Address (with pin code)

Telephone:

Fax:

Mobile :

E-mail :

Name & Mobile Number of contact person **(In case of Organization/Institution/Department) :**

In case of individuals

a) Residential Address with pin code:

b) Academic qualification:

c) Area of specialization/ Research work:

d) Date of birth:

Signature

Payment shall be made online (Any mode) / Cash Cheque.

Account holder name : **Warsa Ethnic Knowledge Heritage Society**

Name of Bank : Bank of Maharashtra

Branch: Surji Anjangaon

Account No- 60396417232

IFSC Code: MAHB0000911

Details of Subscriptions :

Member	Individual	Member	Individual	Institution
Annual*	Rs.500	Life	Rs.5000	Rs. 3500

* Annual subscription year- 1st April to 31st March

FOR OFFICE USE ONLY

Money Receipt No. _____, dated _____, Membership No. -----

UTR/ Transaction ID No /Cheque No. _____, dated _____ Name and

address of the Online Transaction Bank/ cheque issuing bank-----

Secretary / Treasurer