



The Ambrai Club, Near Ambrai Garden, Sangli, Maharashtra - 416416, India.

APPLICATION FOR MEMBERSHIP

Name in full (Surname first, Capital letters): _____

Date of Birth Gender: M F Blood Group

Place of Birth _____ Dist. _____ State: _____

Date since when residing in Sangli:

Occupation _____ Annual Income: ₹



Addresses

Office _____

_____ City _____ Contact No.

Residence _____

_____ City _____ Contact No.

Residence (Permanent) _____

_____ City _____ Contact No.

E mail : _____

Marital Status: Married Single

Date of Marriage

SPOUSE DETAILS

Name in full (Surname first, Capital letters): _____

Date of Birth

Blood Group



E mail : _____

Occupation _____ Annual Income: ₹

Dependents / Children: (Note: Spouse and dependent children will mean legally wedded spouse, unmarried sons & daughters below 25 years. (Proof of age would be required for dependent children).

Affix Photograph

Affix Photograph

Affix Photograph

Affix Photograph

Name _____

Name _____

Name _____

Name _____

Gender: M F Age

Gender: M F Age

Gender: M F Age

Gender: M F Age

Date of Birth

Date of Birth

Date of Birth

Date of Birth

Relation

Relation

Relation

Relation

Proposer: _____ M'ship No. _____ Signature _____

Secunder: _____ M'ship No. _____ Signature _____

NOTE: Proposer and Secunder of the applicant should be a Member of the Executive Committee of the Club.

II UNDERTAKING

(a) I, _____ (Name) do hereby undertake to abide by all the Rules & Regulations of The Ambrai Club.

(b) I also affirm that the information given above is true and correct. If found in-correct, my membership can be terminated.

Date

Signature of Applicant

III FOR CLUB OFFICE USE ONLY

Application received on Date

Payment Details : DD/ Cheque No. _____ Dated

Drawn on - **AMBRAI CLUB, Sangli** Amount ₹

Approved Not Approved

Date:

Membership No.

Signature of Secretary



The Ambrai Club, Near Ambrai Garden, Sangli, Maharashtra - 416416, India.

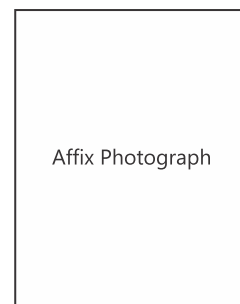
MEMBER'S DATA SHEET

Membership No.

Name in full (Surname first, Capital letters): _____

Gender: M F

Date of Birth



Place of Birth _____ Occupation _____

Addresses _____

_____ City _____ Contact No.

E mail : _____ Pan No.

Bank Account Details

Name Of the Bank _____ City / Branch _____

Saving Account No. IFC Code _____

1. I UNDERTAKE TO PAY THE ANNUAL ADMINISTRATIVE CHARGES AS PER THE PREVAILING RATE WITHIN TWO MONTHS OF GRANT OF MEMBERSHIP TO ME.
2. I UNDERTAKE THAT I WILL COMMUNICATE IN WRITING ANY CHANGE OF ADDRESS, MEMBERSHIP CATEGORY, TELEPHONE NUMBER IN CASE OF ANY CHANGE.
3. IT IS UNDERSTOOD BY ME THAT MY MEMBERSHIP MAY BE TERMINATED BY THE CLUB MANAGEMENT IF THE ABOVE DETAILS ARE FOUND TO BE INCORRECT.
4. ALL TEMPORARY MEMBERSHIPS ARE FOR ONE CALENDAR YEAR DURATION ONLY AND RELEVANT DOCUMENTS WILL BE RE-SUBMITTED YEARLY FOR CONTINUATION OF MEMBERSHIP.

Date

SIGNATURE OF THE MEMBER

FOR CLUB OFFICE USE ONLY

DATE OF TERMINATION OF MEMBERSHIP

REASONS: OWN REQUEST / DEFAULTERS / CHANGE OF STATION / DEATH / DISCIPLINARY GROUNDS.

CLUB MANAGER
9422312490

CLUB SECRETARY
9769113936

I CARD SECTION : _____