

7, RED CROSS PLACE, 4TH FLOOR, KOLKATA - 700 001, WEST BENGAL, INDIA Tel.: +91 33 2213 7052 - 53, E-MAIL: alliance.clubs@gmail.com

MEMBERSHIP FORM

IN THE ALLIANCE CLUB OF							
NAME				MOBILE NO.			
EDUCATION		DATE OF BIRTH		BLOOD GROUP			
NATURE OF OCCUPATION							
HOW LONG IN PRESENT OCCU	PATION (YE	ARS)		BUSINESS TIMINGS			
REGD. BUSINESS ADDRESS							
CITY	STATE		COUNTRY PINCODE		PINCODE		
TEL.	FAX		EMAIL ID				
REGD. RESIDENTIAL ADDRESS							
CITY	STATE		COUNTRY		PINCODE		
TEL.	FAX		EMAIL ID				
ASSOCIATED WITH OTHER SOCIAL ORGANISATIONS							
HOBBIES							
SPOUSE NAME			DATE OF MARRIAGE				
SPOUSE DATE OF BIRTH		SPOUSE EDUCATION		BLOOD GROUP			

Recognising the importance of rendering personal service to the community and in cooperation with other civic-minded persons and appreciating the opportunity forwarded to me to enjoy the good fellowship and prestige of **ALLIANCE CLUBS INTERNATIONAL**, I hereby accept the membership and will abide by the rules and regulations and will work to achieve the goals of the organisation.

DATE	
PROPOSED BY (NAME)	
ACCEPTED REJECTED FOR MEMBERSHIP COMMITTEE	
FOR BOARD OF DIRECTORS	

SIGNATURE	
SIGNATURE OF PROPOSER	
SIGNATURE OF CHAIRMAN	
SIGNATURE OF PRESIDENT/ SECRETARY	