

# KUKI WELFARE ASSOCIATION, GUWAHATI

(REGISTERED UNDER SOCIETY ACT 1860)

## MEMBERSHIP FORM 2019

1. Name of Applicant : \_\_\_\_\_
2. Name of Father/ Mother : \_\_\_\_\_
3. Address in Guwahati : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Occupation/Office Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Details of Family :

| S No | Name | Male/<br>Female | Relationship<br>with Applicant | Occupation | Membership<br>Fee( Rs) |
|------|------|-----------------|--------------------------------|------------|------------------------|
|      |      |                 |                                |            |                        |
|      |      |                 |                                |            |                        |
|      |      |                 |                                |            |                        |
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|      |      |                 |                                |            |                        |
|      |      |                 |                                |            |                        |
|      |      |                 |                                |            |                        |

7. Contact Number(s) :

Signature with Date

**FOR KWA(G)**

Received Membership Form along with a sum of Rs \_\_\_\_\_ from  
Shri/Mr/Ms/Miss \_\_\_\_\_ on \_\_\_\_\_ 2019.

On Behalf of KWA(G)