

NOMA KOTA HOUSE – 01 APR 18 TO 31 MAR 19
ASSOCIATE MEMBERSHIP RENEWAL FORM (FOR 01 YEAR)

PERSONAL NO:- _____

RANK: _____

NAME: _____

MOBILE NO: _____

TEL NO (O): _____

TEL NO (R) _____

PRESENT POSTAL _____

PERMANENT ADDRESS: _____

DETAILS OF DEPENDENTS AS ON 31 MAR 18:

| <u>NAME</u> | <u>RELATIONSHIP</u> | <u>AGE/D.O.B</u> | <u>REMARKS</u> <u>marital status</u> <u>If applicable</u> |
|--------------------|----------------------------|-------------------------|--|
| | Spouse | | XXXXXXXXXX |
| | Son /Daughter | | |
| | Son /Daughter | | |
| | Father | | XXXXXXXXXX |
| | Mother | | XXXXXXXXXX |

NRI STATUS:

E-MAIL:

REMARKS:

Date:

Signature of Officer

Amount Rs: _____ **Receipt No:** _____ **Date** _____

Membership office – in – Charge _____

Officer-in-Charge/Dy. Officer-in-Charge