

## Membership Registration Form

### Membership Information:

- Full Name: \_\_\_\_\_
- Father Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Gender: Male  Female  Other
- Address: \_\_\_\_\_  
\_\_\_\_\_
- Highest qualification \_\_\_\_\_
- Occupation \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

Name of the NGO you want to join: SHREESUNDRAM FOUNDATION (Regd. - 024843/25)

Are you already a member of an organisation? Yes  No

### Membership Type:

- Lifetime Membership
- Annual Membership
- Volunteer Membership
- Patron/Advisor

### Areas of Interest:

- Field Work
- Livelihood
- Environment
- Healthcare
- Education
- Agriculture
- Women Empowerment
- Other: \_\_\_\_\_

**Experience: (IF Any)**

SI No.	Name Of Institution With Designation	Year Of Experience	Remarks

Why do you want to join an Shreesundram Foundation? (Write in brief) :- .....

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**Declarations :**

- I hereby declare that the above information is true to the best of my knowledge.
- I agree to abide by the rules and regulations of the Shreesundram Foundation .-
- I will follow all the instructions given by the board of Shreesundram Foundation and will always be ready for social work.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Documents Required (attach copies)**

- ID Proof (Aadhaar/Passport/Driving License)
- Address Proof
- Passport Size Photo