RECA-KOLKATA ASSOCIATE MEMBERSHIP FORM

Application No					
Date					
DETAILS OF APPLICANT					
Name of the Applicant					
	(M/5)				
Category of Applicant: Individual		5			
	ry:				
Pan No: Sei	rvice Tax Registration No:	CIN No (if applicable):	Operating Since:		
	CONTACT DET	AILS OF APPLICANT			
0.00					
		bile No:Website:			
rax:	Email:	websi	ite:		
	TYPE OF MEM	BERSHIP APPLYING			
Associate Member with One Rep	presentative:				
Associate Member with Two Rep	presentatives:				
	BUSIN	ESS DETAILS			
Reason for applying Membershi	p:				
Other Club or Association Member	ership Details:				
	DEGLARATION.		SIGNATURE / S		
	All the above information is true to the best of		SIGNATURE / S		
my / our knowledge and nothing	relevant has been concealed or suppressed.	Cianatura of the Applicant			
(B) I / We undertake to inform the association of the charges that may occur in the information and particulars furnished in the application in future. I / We hereby apply to become a member of RECA-Kolkata. I / We have read and understood the terms and conditions and I / We agree to abide the rules and		Signature of the Applicant			
		Deter	Disease		
regulation of RECA-Kolkata that m	nay be in force from time to time.	Date:	Place:		
F	PROPOSED BY		SECONDED BY		
Approved by:					
President:	Secretary:	Chairman-Mem	bership:		
Date of Approval					

REPRESENTATIVE DETAILS OF ASSOCIATE MEMBERS

FIRST MEMBER DETAILS

Name:				
Residence Address:				
esidence Phone No: Mobile No: mail: Date of Birth: Marriage Anniversary:			applicant / Duty	
	cational Background:Blood Group:			
Name of Spouse:				
Name:	SE	COND MEMBER DETAILS		
	_Mobile No:		Affix recent passport size	
Email:	Date of Birth:	Marriage Anniversary:		
Educational Background:		Blood Group:		
Name of Spouse:				

