

**RECA-KOLKATA INDIVIDUAL MEMBERSHIP FORM**

Application No. \_\_\_\_\_

Date \_\_\_\_\_

**DETAILS OF APPLICANT**

Name of the Applicant: \_\_\_\_\_

Category of Applicant: Individual (M/F)  Proprietorship  HUF

Name of the Proprietor / Karta (if applicable): \_\_\_\_\_

Date of Birth / Formation: \_\_\_\_\_ Pan No: \_\_\_\_\_ Service Tax Registration No: \_\_\_\_\_ Operating Since: \_\_\_\_\_

**CONTACT DETAILS OF APPLICANT**

Office Address: \_\_\_\_\_

Office No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

**TYPE OF MEMBERSHIP APPLYING**

Individual Member with One Representative:

Individual Member with Two Representatives:

**BUSINESS DETAILS**

Reason for applying Membership: \_\_\_\_\_

Other Club or Association Membership Details: \_\_\_\_\_

**DECLARATION**

I / We solemnly declare that - (A) All the above information is true to the best of my / our knowledge and nothing relevant has been concealed or suppressed. (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 regulation of RECA-Kolkata that may be in force from time to time.

**SIGNATURE / S**

|                            |              |
|----------------------------|--------------|
| Signature of the Applicant |              |
| Date: _____                | Place: _____ |

**PROPOSED BY**

\_\_\_\_\_

**SECONDED BY**

\_\_\_\_\_

**Approved by:**

President: \_\_\_\_\_ Secretary: \_\_\_\_\_ Chairman-Membership: \_\_\_\_\_

|                  |       |
|------------------|-------|
| Date of Approval | _____ |
|------------------|-------|

**DETAILS OF PROPRIETOR / KARTA**

**FIRST MEMBER DETAILS**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
\_\_\_\_\_

Residence Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marriage Anniversary: \_\_\_\_\_

Educational Background: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Affix recent  
passport size  
photograph of  
applicant / Duty  
signed cross

**SECOND MEMBER DETAILS**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
\_\_\_\_\_

Residence Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marriage Anniversary: \_\_\_\_\_

Educational Background: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Affix recent  
passport size  
photograph of  
applicant / Duty  
signed cross