LAW FOR AID AND WELFARE

MEMBERSHIP APPLICATION FORM

*** ONLY IF "INDIVIDUAL"**

Write name at the back of a recent colour Photograph (size: 4.5 x 3.5) & Paste (do not pin or staple) (within the box only)

DO NOT ATTEST

INSTRUCTIONS

1. Please read the instructions before filling up this form.
2. Use **BLACK/BLUE BALL POINT PEN** in boxes using English capital letters or English numerals.
3. Do not make any stray marks on this sheet.
4. Do not staple, pin, wrinkle, scribble, tear, wet or fold this sheet.
5. Write in CAPITAL LETTERS only within the box without touching the lines.

1. You Are: ☑

*INDIVIDUAL ☐ **NGO ☐ **SCHOOL/COLLEGE/UNIVERSITY ☐ **BUSINESS ☐ **OTHERS ☐

*Please fill form A **Please fill form B

FORM A:

1. Choose Membership Level: ☑

STUDENT	☐ BASIC	☐ PLUS	☐ SUPPORTING	
PROFESSIONAL	☐ BASIC	☐ PREMIUM	☐ PREMIUM PLUS	☐ SUPPORTING
OTHERS	☐ BASIC	☐ PREMIUM	☐ PREMIUM PLUS	☐ SUPPORTING

2. Personal Details:

FIRST NAME:

MIDDLE NAME:

LAST NAME:

FATHER'S NAME:

MOTHER'S NAME:

NATIONALITY: ☑ ☐ INDIAN ☐ OTHER

If 'OTHER' please specify

CATEGORY: ☑ ☐ GEN ☐ SC ☐ ST ☐ OBC

GENDER: ☑ ☐ M ☐ F ☐ Others

DOMICILE:

DATE OF BIRTH: D D M M Y Y Y Y

3. Permanent Address:

ADDRESS:

CITY:

STATE/UT:

PIN:

4. **Address for Correspondence:**

ADDRESS:

CITY:

STATE/UT: **PIN:**

5. **Contact Information:**

email:

Telephone No.: STD CODE | LAND-LINE NUMBER | COUNTRY CODE | MOBILE NUMBER

FORM B:

1. **Choose Membership Level:** ☑

☐ BASIC ☐ PLUS ☐ SUPPORTING

2. **Organization Name:**

ADDRESS:

CITY:

STATE/UT: **PIN:**

3. **Contact Information:**

email:

Telephone Number: STD CODE | LAND-LINE NUMBER | COUNTRY CODE | MOBILE NUMBER

PAYMENT INFORMATION:

Wire Transfer ☐ **Demand Draft** ☐ **Cash** ☐ **Cheque** ☐

The information given by me in my application form is true to the best of my knowledge and belief.

Date :_____

Place :_____ **Signature:** _____