

Form No.

MEMBERSHIP FORM

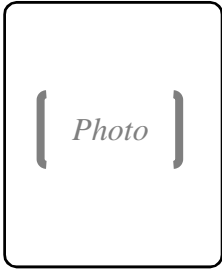


ASTROLOGY & ASTROLOGERS WELFARE ASSOCIATION (Regd.)

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NAME OF APPLICANT:

FATHER'S NAME:

DATE OF BIRTH :..... **GENDER:** **MARITAL STATUS :**

EDUCATIONAL QUALIFICATION :

PERMANENT ADDRESS:.....

.....

PRESENT ADDRESS :

.....

CONTACT NO: **WHATS APP NO:**

E-MAIL: **WEBSITE:**

PRESENT OCCUPATION :..... **EXPERIENCE:.....IN YEARS**

ANY OTHER OCCUPATION OTHER THAN ASTROLOTY / TANTRA/ POUROHITTYO (If Yes) :

.....

HOW DO YOU COME TO KNOW ABOUT THIS ORGANISATION:

.....

WHY YOU ARE INTERESTED TO JOIN THIS ORGANISATION:.....

.....

ANY SPECIAL INFORMATION:

PLEASE TICK RELEVANT BOX FOR MEMBERSHIPTYPE : GENERAL EXECUTIVE

SIGNATURE OF APPLICANT

SIGNATURE OF GENERAL SECRETARY

DECLARATION : I.....HEREBY SOLEMNLY AFFIRM AND
DECLARE THAT THE INFORMATION GIVEN HEREIN ABOVE IS TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE AND BELIEF AND NOTHING HAS BEEN CONCEALED THEREFROM.

PLACE :

DATE :