

TANGRA SPANDAN AMNESTY SOCIETY



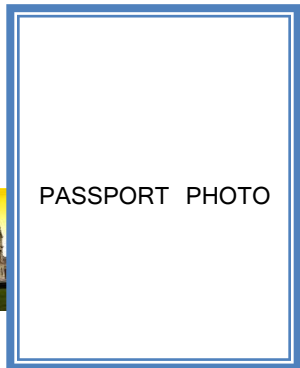
54/3C, DEBENDRA CHANDRA DEY ROAD, KOLKATA-700015

Registration no - S/1L/72019

Regd. Under Society Act XXVI of 1961

Contact No. – 09831333309/9831492513/9007646964

NEW MEMBERSHIP FORM



Name (Mr/Mrs)

Father/Mother's Name.....

Address.....

Village.....Post Office.....Police Station.....

District.....Pin Code.....State.....

Male/Female.....Blood Group.....

Give details, if you are the member of other Organization.....

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Introducer Name (If any)

Contact No..... Landline (If any)

DECLARATION

1. I hereby declare that all statements made in this application are true, Complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue or incorrect at any stage or not satisfying any of the eligibility criteria stipulated, my membership is liable to be cancelled.
2. I honestly declare that I will not involve myself directly or indirectly in any act which will be against the prestige of our Nation, Society, Community and "TSAS" as well.
3. I will abide by the rules and regulations and Bye-Laws of the "TSAS" in force from time to time

I Mr/Mrs/Drwill maintain all the Rules and Regulations of this Society & I will involve with all kinds of Social Work by my self interest & Always I will be serious about Social Work.

I do apply for New..... membership without any provocation of others.

Date

Signature.....