

KODAVA SAMAJA (R)

No. 7, 1st Main Road, Vasanthanagar, Bangalore - 560 052
Phone : 2226 0188 / 2235 1088

Pass Port Size
Photo

APPLICATION FOR MEMBERSHIP

Office Use

Membership No. _____

(Use BLOCK Letters)

Name with Initials and Family Name _____

Father's Name with Family Name _____

Mother's Name with Family Name (Thamane) _____

IF MARRIED

(a) Husband's Name with Family Name _____

(b) Husband's Mother's Family Name _____

(c) Wife's Name with Family Name (Thamane) _____

(d) Number of members in the family _____ (e) Occupation of the Members _____

Age _____ Date of birth _____ Sex : Male Female Blood Group _____

Address _____

Pin _____ Telephone _____ Mobile Number _____

Kodagu Address _____

Pin _____ Telephone _____ Mobile Number _____

Nominee for Death Fund with relationship _____

Kindly enroll me as a Life / Associate Member of the Kodava Samaja, Bangalore. I agree to abide by the rules and regulations of the Bye-Law of the Samaja.

Date : _____

Applicant's Signature

Name	Phone	Membership No.	Signature
Proposer with Family Name _____	Mob. : _____ Ph. : _____	_____	_____
Secunder with Family Name _____	Mob. : _____ Ph. : _____	_____	_____

The Proposer and the Secunder should know the full details of the applicant.

Membership Fee Rs. _____ Receipt No. _____
Cash / DD _____ Date : _____

Decision of the Managing Committee
Membership Accepted Rejected

President

Hon. Secretary

- NOTE : 1. Minimum age for membership is 18 years.
2. Applicant above 60 years are not Eligible for Death Fund.
3. Applicants shall produce proof of age.
4. Proposer and Secunder shall be a life members of Samaja
5. Membership fee - Life Rs. 2,000/- Associated Rs. 1,450/- Above 60 years Rs. 1,450/-
6. Recent passport size photos 2 Numbers.
7. Cheque payment will not be accepted, only cash or DD will be accepted.