



INDIAN RED CROSS SOCIETY, SINGRAULI (M.P.)

Central Office, DDRC Building, Near Trauma Centre, Waidhan



Membership Application Form

(All the information must be filled in Capital letter)

Date.....



Type of membership desired: Patrons / Life / Annual / Youth

Subscription: Rs 25000 / Rs.1000 / Rs.100/yr / Rs.50/yr

Required Age: Above 30 yrs/Above 30 years / Above 30 years/ 18 to 30 years

1) Name of Applicant

2) Father's Name:

3) Date of Birth.....Age.....Blood Group.....

7) Adhaar Number:Mobile Number.....

8) Mail ID.....

4) Occupation:

5) Present Address:-.....

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6) Permanent Address:-.....

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9) Have you ever donated Blood if yes, date of last donation.....

10) Brief family background:-.....

.....

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11) Mention extra Curricular activity and social work performed if any:-.....

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12) Have you ever been charged for Criminal Activity? **Yes / No**

13) Are you prepared to donate Blood Annually and as and when demanded by the Red Cross Society. **Yes / No.**

14) Purpose to become a member of Red Cross Society:-.....

.....

15) Witness of two members from Red Cross Society, Singrauli:-

Name	Mobile Number	Sign. of Introducer
1)		
2)		

Declaration: "I hereby affirm that the above information furnished by me is true & correct to the best of my knowledge. I undertake that if at any stage, it is found that the information furnished by me is false or if I violate the terms and conditions of the membership sanctioned to me it may be cancelled. I abide to follow the rules and regulations of IRCS Singrauli. The IRCS Singrauli reserves the right of acceptances & cancellation of membership without assigning any reason".

Date:

Signature of Applicant

For Office Use Only

Membership of above has been approved by the Red Cross Membership Committee on Dated..... and Fee of Rs.....has been deposited by him on dated.....Vide Receipt No.....

Date:

SECRETARY