



Address : 34, Dixon lane kolkata
Email id : info@dtnpmrf.org
Contact No. +91 3322271266
www.dtnpmrf.org

Dr Tarak Nath Podder Memorial Foundation

Application for Membership

Name _____

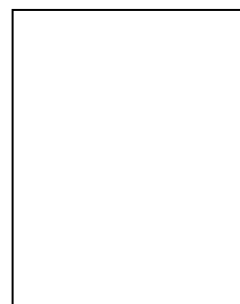
Date of Birth _____ Gender _____

Mailing Address _____

City _____ State _____ Pincode _____

Contact _____ Other Contact _____

Email Address _____



Type of Membership

Sl. No	Membership name	Payable amount(INR)	Facilities
1.	Life Time Member	5000.00	✓ Attending any meeting. ✓ Voting Preference.
2.	Annual Member	1000.00	✓ Attending any meeting. ✓ Voting Preference.
3.	Associate Member	500.00	✗ Attending any meeting ✗ Voting Preference.
4.	Honorary Member	-----	
5.	Donor Member	10,000.00(Min)	✓ Attending any meeting. ✗ Voting Preference.

Payment Method

- Cheque
- Demand Draft (Payable at:-----)
- Online Payment

Attached Documents (Please ✓ in proper box)

(Address proof & photo identity proof Xerox from original Document/Original Scan copy)

- Voter Id Card
- Adhar Card
- Pan Card

Member's Signature

Date : _ _ / _ _ / _ _ _ _
