



# Karnataka Goan Association - Bangalore

## Application for Membership

### A P P L I C A N T ' S   D E T A I L S

(Please use BLOCK letters. Space the words as required)

Name: Mr. / Mrs. / Ms.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's / Husband's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

### M E M B E R S H I P

I would like to apply as:

Patron Member (Rs. 10,000/-)     Donor Member (Rs. 5,000/-)     Life Member (Rs. 2,000/-)

Student Member (Rs. 100/- per annum)     Associate Member (For Non-Goans - Rs. 10,000/- )

### Declaration

I, Mr/Mrs/Ms/Dr/Brig ..... ,

son/daughter of ..... ,

hereby, declare that I am a GOAN and that at least ONE of my parents / grandparents is a GOAN,

hailing from the address in GOA given below:

Village: ..... Vaddo: .....

Town: ..... District: ..... Post Office: .....

Signature of the APPLICANT ..... Date: .....

Proposed by: ..... KGA No.: ..... Date: .....

Seconded by: ..... KGA No.: ..... Date: .....

### F O R   O F F I C E   U S E   O N L Y

Type of Membership: ..... Membership No.: ..... Receipt No.: .....

Amount received: ..... Cash/Cheque/DD No.: ..... Date: .....

APPROVED BY THE MANAGING COMMITTEE

.....  
President's Signature

.....  
Date

## FAMILY'S DETAILS

### A P P L I C A N T

Mr/Mrs/Ms/Dr/Brig.: ..... Blood Group: .....

Talents/Hobbies/Interests .....

### S P O U S E

Mr/Mrs/Ms/Dr/Brig.: .....

Date of Birth (dd/mm/yy): ..... Blood Group: ..... Mobile No.: .....

Talents/Hobbies/Interests .....

### C H I L D R E N

*Below 21 years of age*

Name of Child 1: .....

Gender :  Male  Female Date of Birth (dd/mm/yy): ..... Blood Group: .....

Talents/Hobbies/Interests .....

Name of Child 2: .....

Gender :  Male  Female Date of Birth (dd/mm/yy): ..... Blood Group: .....

Talents/Hobbies/Interests .....

Name of Child 3: .....

Gender :  Male  Female Date of Birth (dd/mm/yy): ..... Blood Group: .....

Talents/Hobbies/Interests .....

Name of Child 4: .....

Gender : Male Female Date of Birth (dd/mm/yy): ..... Blood Group: .....

Talents/Hobbies/Interests .....

### P L E A S E   N O T E

This form along with the Cheque / DD favouring "Karnataka Goan Association"  
should be handed over to any of the Committee Members