Karnataka Goan Association - Bangalore

Application for Membership

PERSONAL DETAILS

(Please use BLOCK letters. Leave an EMPTY box between words)

Name: Mr. / Mrs. / Ms.:

Date of Birth:

Father's / Husband's Name:

Address:

E-mail:

Tel: Mobile:

Profession:

Name of Spouse: Date of Birth:

Children: M/F Date of Birth:

(only minors - below 21 years) M/F Date of Birth:

M/F Date of Birth:

MEMBERSHIP

Kindly enroll me as:

☐ Patron Member (Rs. 10000/-) ☐ Donor Member (Rs. 5000/-) ☐ Life Member (Rs. 500/-)

☐ Associate Member (Rs. 3000/-) [For Non-Goans, at the discretion of the MC]

Declaration

I .....son / daughter / wife of .....
hereby declare that I am a GOAN and that at least ONE of my parents / grandparents is a GOAN, hailing from the address given below:

Village .....Vaddo .....Town .....

District.....Post Office .....

Signature of the APPLICANT .....Date .....Place .....

Proposed by (Name) .....KGA No. .....Signature .....

Seconded by (Name) .....KGA No. .....Signature .....

FOR OFFICE USE ONLY

Membership No.: .....

Type of Membership: .....Membership Fee: .....

Cash / Cheque / DD No.: .....Bank: .....Dated: .....

KGA Receipt No.: .....

Approved by the Managing Committee

President's Signature Date

PLEASE NOTE

This form along with the Cheque / DD should be handed over to any of the Committee Members, OR mailed to

Neil D'Souza,
102 Hutchins Manor, 26 Hutchins Road, Cooke Town, Bangalore 560 005

Karnataka Goan Association - Bangalore

Member Information Form

(Please use BLOCK letters)

MEMBER'S DETAILS

Name: Mr./Mrs./Ms./Brig/... Surname Name Initial

KGA No.: Membership Type: ☐ Patron ☐ Donor ☐ Life ☐ Associate ☐ Ordinary (Tick ONE)

Date of Birth: dd mm yyyy Blood Group:

Address:

Telephone - Res: Country Area Telephone Number

Mobile: Country Area Telephone Number

Office: Country Area Telephone Number

Email:

SPOUSE'S DETAILS

Name: Mr./Mrs./Ms./Brig/... Surname Name Initial

Date of Birth: dd mm yyyy Blood Group:

CHILDREN'S DETAILS

Child 1 - Name: Surname Name Initial

Date of Birth: dd mm yyyy Gender: ☐ Male ☐ Female Blood Group:

Child 2 - Name: Surname Name Initial

Date of Birth: dd mm yyyy Gender: ☐ Male ☐ Female Blood Group:

Child 3 - Name: Surname Name Initial

Date of Birth: dd mm yyyy Gender: ☐ Male ☐ Female Blood Group:

Child 4 - Name: Surname Name Initial

Date of Birth: dd mm yyyy Gender: ☐ Male ☐ Female Blood Group:

TALENTS / HOBBIES / INTERESTS

(Please use BLOCK letters and leave an empty box between words)