



gaurav foundation

GAURAV FOUNDATION
New No. 43 | Old No. 34, II Floor,
Sundaram Pillai Street, Purasawalkam,
Chennai. Tamil Nadu. India- 600 007
contact@gauravfoundation.org
gauravfoundation.org

MEMBERSHIP FORM

For Official Use Only

Membership Type :
Membership ID :

NAME : _____ SEX : M F
DATE OF BIRTH : _____ AGE : _____
FATHER / HUSBAND NAME : _____
RESIDENTIAL ADDRESS : _____

PINCODE : _____
LAND LINE NO. : +91 - _____
MOBILE NO. : +91 - _____
EMAIL ID : _____ NATIONALITY : _____
EDUCATIONAL QUALIFICATION : _____ BLOOD GROUP : _____
HOBBIES : _____
OCCUPATION : _____
OFFICE ADDRESS : _____

PINCODE : _____
LAND LINE NO. : +91 - _____
WEDDING ANNIVERSARY : _____
SPOUSE NAME : _____ DATE OF BIRTH : _____

AREA OF INTEREST / ANY EXISTING CHARITY OR ORGANIZATION MEMBERSHIP / WHAT KIND OF SERVICE YOU WOULD LIKE TO DO FOR THE SOCIETY?

MEMBERSHIP TYPE	:	VOLUNTEER	LIFE MEMBER	PATRON
MEMBERSHIP FEES	:	FREE	1500/-	150000/-

NOTE :

- Form must be filled in capital letters only, using black or blue ink.
- Incomplete Application will not be processed and will be rejected.
- Membership Fees through Demand Draft Only,
- In favour of " GAURAV FOUNDATION " payable at Chennai.
- Application will not be refunded under any circumstances.
- Documentation : Proof of Address & Proof of Identity

Recent Passport Size
Photograph

(Not older than
6months)

DECLARATION

I _____, agree to the above mentioned terms and conditions. Details and documents submit on for these applications are true.

SIGNATURE

DATE : _____

PLACE : _____

REFERENCE DETAILS (IF) : NAME : _____ MEMBERSHIP NO. : _____ PLACE : _____