

Membership Registration Form

Personal Details

Name: _____
Father's/Husband's Name: _____
Date of Birth: _____
Gender: ☐ Male ☐ Female ☐ Other Marital Status: ☐ Single ☐ Married
Mobile Number: _____ Email ID: _____
Aadhar Number: _____ PAN Number: _____
Address: _____
City: _____ State: _____ Pin Code: _____

Photo

Professional Details

Current Occupation: _____ Do you own a Business?: ☐ Yes ☐ No
Educational Qualification: _____ If Yes, Business Name: _____
Skills/Experience: _____ Type of Business: _____

Membership Category

- ☐ Free Member [Online Registration]
☐ Basic Member [550/-] ☐ Active Member [1100/-]
☐ Executive Member [3100/-] ☐ Datashri/Management Member [5100/-]

Life Time Helping Hand Member

- ☐ Active Member [11,000/-]
☐ Executive Member [31,000/-]
☐ Datashri / Management Member [51,000/-]

Bank Details (For Commission Payment)

Bank Name: _____
Account Holder Name: _____
Account Number: _____
IFSC Code: _____

Nominee Details

Name: _____
Relation: _____
Date of Birth: _____
Mob. No.: _____

Declaration

I, _____, declare that all the information provided above is true and correct to the best of my knowledge. I agree to abide by the rules, regulations and conditions of **Mahakaal Helping Hand Foundation**. I understand that this membership is subject to the policies of the foundation. And I agree to serve with my body, mind and money by depositing my membership renewal fee from time to time.

Signature: _____

Date: _____

Place: _____

For Office Use Only

Membership ID: _____

Approved By: _____

Joining Date: _____

Package Selected: _____

Signature & Stamp: _____

Receipt

Name: _____ Membership ID: _____ Joining Date: _____

Amount: _____ Package Selected: _____ Requested By: _____

Received By: _____