ZAID SHERWANI WELFARE SOCIETY

REGISTRATION NUMBER: ALI/07125/2024-2025

MEMBERSHIP

REGISTRATION FORM

OFFICE ADDRESS: BHAMOLA, NEAR RAILWAY CROSSING, ALIGARH, UTTAR PRADESH - 202001

PHONE: +91-7906846400

EMAIL: zaidwelfarengo@gmail.com



REGISTRATION FORM

S.R. No.: (for office use only). Date: D D M M Y Y Y Y		Paste your recent color photograph and sign it, otherwise the form will be rejected.
PERSONAL INFORMATION		
Name :		
Aadhar Card No.:	Date Of Birth:	
Full Address :		
Gender : Male Female	State :	
Nationality :	City :	
E-Mail :	Contact No. :	
Profession :	Educational Qualification:	
Why do you want to join our NGO?		

TERMS AND CONDITIONS

- **1. Membership** 1.1. Membership is open to individuals who support the vision and mission of the NGO. 1.2. The NGO reserves the right to accept or decline any membership application. 1.3. Members must abide by the terms, conditions, and regulations of the NGO.
- **2. Code of Conduct** 2.1. Members are expected to uphold integrity and adhere to the core values of the NGO 2.2. Any misconduct, fraud, or misrepresentation will result in termination of membership. 2.3. Members must not use the NGO's name for personal gain without prior approval.
- **3. Activities and Participation** 3.1. Members are encouraged to participate in events, campaigns, and projects. 3.2. Volunteers must follow the guidelines provided during any activity.
- **4. Confidentiality and Data Protection** 4.1. The NGO will protect members' personal data and will not share it without consent. 4.2. Members must not disclose confidential information about the NGO.
- **5. Termination of Membership** 5.1. The NGO reserves the right to terminate any membership for violation of rules. 5.2. Members can voluntarily resign by providing written notice.
- **6. Amendments** 6.1. The NGO reserves the right to update or amend these Terms and Conditions as needed. 6.2. Members will be notified of any changes.

I,, he	ereby declare that I have read, understood, and agree to abide
by the Terms and Conditions of the	e Zaid Sherwani Welfare Society. I agree to abide by the rules
and regulations of the NGO and wil	l act in accordance with its mission and values. I understand
that my membership can be revoke	ed if I fail to comply with these terms.

Signature of Applicant (Member) :	Signature of the President :	
(Signature of the person filling out the form) Date:	Zaid Sherwani	
	President, Zaid Sherwani Welfare Society	
	Date:	

Note: Kindly attach one identity proof such as Aadhaar Card, Student ID, Driving Licence, or any equivalent document along with the membership form, and submit it to the given office address or email it to the provided email ID.