



FRIENDS OF FAKIR MOHAN FOUNDATION

MEMBERSHIP FORM

NOTE: Please use CAPITAL LETTERS.

Name: _____

First

Middle

Last

Res. Address: _____

_____ Home Phone: _____

Mobile Phone: _____ E-mail ID: _____ @ _____

Occupation: **Service/Business/Professional/Retired/Home Maker**

Brief Job Description: _____

Company: _____

Designation: _____

Office Address: _____ Telephone: _____

Name of Spouse: _____

First

Middle

Last

Mobile Phone: _____ E-mail ID: _____ @ _____

Occupation: Service/Business/Professional/Retired/Homemaker

Brief Job Description: _____

Name of Children (below 18 years)

1. _____ 2. _____

Date of Birth: _____

School/College: _____

Specific the potential areas of your contribution to the Fakir Mohan Foundation:

Please put a cross 'X' below

	Language		Please Specify:
	Culture & Heritage		
	Socio-Economic Development		Others
	Education for empowerment		Please Specify:

- Membership amount paid on date _____ amount _____ by Cash/Cheque If paid by cheque, name of Bank/branch, date of cheque _____ (*Amount Rs. 500/- (20 USD) for annual membership: Rs. 3000/- (100 USD) for life membership: Cheque/Bank Draft favouring **Fakir Mohan Foundation (FMF)** may be posted to the following. **Mailing address:** Fakir Mohan Foundation, B-904, Kenwood Tower, Charmwood, Suraj Kund Road, Faridabad, 121009. Receipt will be sent by post). For clarifications: Please contact: dasmonica@gmail.com or visit website www.fakirmohanfoundation.com

Signature of Applicant: _____ **Date:** _____