



# Arunachal Pradesh Women's Welfare Society

Society Registration No. SR/Ita/25/1981

## MEMBERSHIP FORM

1. Name :
2. Age (with date of birth, if possible) :
3. Tribe :
4. Education Qualification :
5. Phone nos :
6. Email Id (If any) :
7. Married / Single ::: Children (..... girl / ..... boy)
8. Name of Spouse (if married) :
9. Date of Marriage :
10. Address : (please give the detail postal address)  
Permanent :  
  
Present :
11. Subject of Interest ( as per priority) that I would like to involved in:
12. Hobby (ies) :
13. I would like to contribute to the cause of the sisters by :
14. I expect APWWS to :
15. I want to be a member of APWWS because :
16. I came to know about APWWS from :
17. I would also like to say :

Hereby, I am enclosing a sum of Rs 150/- being the membership fees for three years beginning from April ..... to March ..... (Rs 50/- being the registration for new member.)

Name and signature of applicant

Introduced by:

Date:

Approved by:

Total remittance: Rs .....

Received by: