

All Voluntary Association Foundation

D-288/10 Wadhwa Complex Vikas Marg Laxminagar Delhi - 110 092
Contect No. 9812458872 , Email - allvafoundation@gmail.com

Membership Form

1. Name :- _____

(नाम) :-

2. Father/Husband Name :- _____

(पिता / पति नाम) :-

3. Date Of Birth :- _____

(जन्म तिथि) :-

4. Aadhar Card No. :- _____

आधार कार्ड नं. :-

5. Occupation :- _____

व्यवसाय :-

6. Address (Permanent) :- _____

पता (स्थायी) :-

.....

7. Address (Temporary) :- _____

पता (अस्थायी) :-

.....

8. Membership Type :- Yearly Life Time

सदस्यता के प्रकार :- वर्ष भर जीवन भर

9. Does the member serve in home town/out station

Home town Out of station

10. The above mentioned is true and I bear the responsibility of any mischief done.

Date of Application :-

Signature