

MEMBERSHIP APPLICATION & PAYMENT INFORMATION

Prospective members should follow the instructions provided below for becoming a member.

1. Completely fill out and sign the Membership Application
2. Completely fill out and sign the Payment Information .
3. Submit both completed and signed documents to the Shrimad Foundation.

For questions, please contact
reetashrimad@gmail.com

MEMBERSHIP APPLICATION

Applicant Information

This section is to be completed by the applicant.

First name

Middle name

Last name/Surname

Organization/In care of

Address line 1

Address line 2

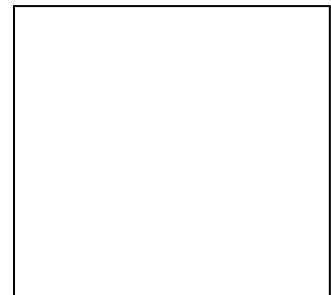
City

State

Country

Postal code

Email address



Home phone number

Mobile number

Membership Type

Life Time

Yearly for General

Yearly for Student

Verification of Applicant

By my signature below, I agree to the terms of Shrimad Foundation and the Member's Agreement and Release stated above and I am 18 years of age or older, In compliance with the Shrimad Foundation I acknowledge that my electronic signature on this document is legally equivalent to my handwritten signature.

Applicant's signature

Date

Contribution Amount for life time membership : Rs. 10000 only**Contribution Amount** for General : Rs. 1500 yearly**Contribution Amount** for Student : Rs. 500 yearly

Payment method

1. By cash in Shrimad Foundation's Account or to the member against Cash Receipt
2. By Cheque or DD to Shrimad Foundation's Account Payable at Patna

Name of Account : Shrimad Foundation

Name of Bank : Indian Bank

A/c No. : 6429240422

IFSC Code - IDIB000K196

Branch : Bihar rajya jal parishad, Ganga Bhawan, Doctor's colony, kankarbagh, patna.

Cheque or money order Details

Amount _____

Cheque or money order number _____

Bank Name _____

Branch Name _____

Date _____

Member's Agreement and Release

Consistent with my desire to take personal responsibility for my conduct, individually and as a member of Shrimad Foundation, I agree to abide by the principles and the policies of the foundation. I will refrain from any form of discrimination, harassment, bullying, derogatory, illegal, or unethical conduct, and I understand that if I engage in such conduct, I agree to reimburse Shrimad Foundation, or other individuals involved with Foundation, for any damages, losses or costs resulting from my conduct.

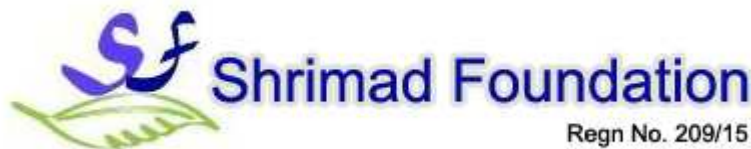
Understanding that foundation's programs are conducted by volunteers who cannot be effectively screened or supervised by Shrimad Foundation. I release and discharge Shrimad foundation, governing bodies, Members, employees, agents, and representatives from any liability for the intentional or negligent acts or omissions of any member or Member of my foundation, or any Member of Shrimad Foundation.

By submitting this application, I agree to the collection, use and processing of the personal information I provide to Shrimad Foundation in this membership application for the purposes of organization administration, payment of my dues, and inclusion of my contact information in a members' directory that will be distributed to members and employees of Shrimad foundation. By submitting my personal information to Shrimad Foundation, I also agree that my information may be accessed and used by foundation and its employees. I agree to notify reetashrimad@gmail.com of any change to my personal information and make requests to check, delete or correct my personal information, so that it is accurate and current. I understand that the majority of the data requested in this application is necessary for administrative and planning purposes and that the failure to provide this information may prevent my application from being properly processed or the inclusion of my contact information in the members directory.

Applicant's signature

Date

For Office Use Only



Membership No. :

Member Name :

Referred By:.....

Date :