

Mother's Blossoms

(Registered under the Societies Registration Act)
Alumni of The Mother's International School
MEMBERSHIP FORM

Present Name: _____
First Name Middle Name Last Name

Name as in School: _____
First Name Middle Name Last Name

Date of Birth: _____ Age _____ Gender: Male/ Female _____

If married, name of spouse: _____
First Name Middle Name Last Name

Address: _____

City: _____ State: _____ PIN: _____ Country: _____

Email: _____ Home Phone: _____ Cell Phone: _____

Years attended School: From year _____ Class _____ to year _____ Class _____ Batch _____

Profession/ Occupation: _____

Name of Company: _____

Address: _____

City: _____ State: _____ PIN: _____ Country: _____

Current Designation: _____

DECLARATION:

I hereby apply to be admitted as a Member of Mother's Blossoms ("Society") upon and subject to the Memorandum and Rules & Regulations of Society by which I agree to become bound on acceptance.

If admitted to Membership, I further undertake to continue to provide any changes in the above information to the Society. I also understand that the acceptance to the membership of Society may be denied if I do not meet the conditions of membership in which case my membership fees will be refunded.

DATED THIS _____ DAY OF _____ 20_____

SIGNED: _____

For official use
Receipt No.

Membership No.

Type of Membership:

___ Life Rs 5000 (\$100) ___ Life Member before 1/1/07

___ I am interested in making additional donations. My donation amount of Rs./US\$ _____ is attached.

We plan to take out a **directory** of all members with Name, Address, Phone, Email id and Name of Company which will be circulated to **Alumni only**. How do you want your information to be treated? **Select one.**

___ Go ahead, print it ___ Print only my name and email id ___ I do not want my friends to contact me. Do not print.

I can help with the following volunteer tasks; please contact me:

___ Newsletter ___ Special Events ___ Annual Meetings ___ Fundraising ___ Other _____

Every member counts. Thank you for your support!

Please mail this form and your payment drawn on **Mother's Blossoms** to:
Mother's Blossoms, Sri Aurobindo Ashram, Sri Aurobindo Marg, New Delhi – 110016
Email: info@mothersblossoms.com Web: www.mothersblossoms.com