



VIEWS EXCHANGE

5, CLIVE ROW, 8TH FLOOR, ROOM NO. 8I, KOLKATA- 700 013
Ph: 033- 3024 4237, Email: viewsexchange.kol@gmail.com

MEMBERSHIP APPLICATION FORM

Dear Sir/Madam,

Please enroll me as a LIFE member of the Association. I agree to abide by the Memorandum and rules & regulations of the association.

NAME _____ CA Membership No. _____

EDUCATIONAL QUALIFICATION _____ OCCUPATION _____

OFFICE ADDRESS _____

RESIDENTIAL ADDRESS: _____

Address where Views Magazine/Circulars should be sent : Office Residence

DATE OF BIRTH : _____ DATE OF MARRIAGE: _____

SPOUSE NAME : _____

PHONE NO. : Office _____ Residence _____

Mobile No. : _____ Email Address: _____

I enclose herewith the Life membership fees of Rs. 6000/- (Rs. Six thousand only) by cash / chq No. _____ on _____ drawn in favor of "VIEWS XCHANGE"

RECOMMENDED BY _____

DATE

SIGNATURE

FOR OFFICE USE ONLY

Date of Receipt __/__/__ Membership No. approved on __/__/__ Membership No. Allotted _____

President

Secretary

Chairman- Membership dev. Sub committee