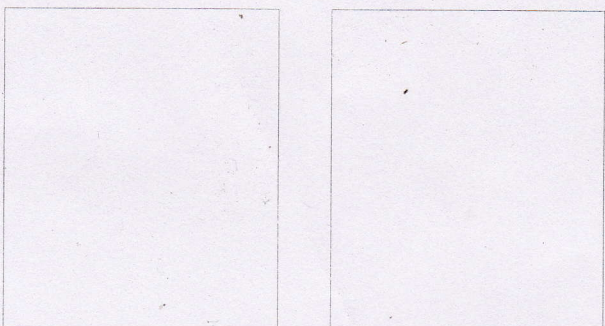


Santacruz Gymkhana

11th Road, TPS III, Opp. V.N Desai Hospital, Santacruz (E), Mumbai 400 055.
Tel.No.26121731, 26124661 Fax : 26114956 Email : santacruz.gymkhana@rediffmail.com

Form No _____ Member No : _____
Joining Date _____



To,
The Jt. Hon Secretary,
Santacruz Gymkhana.

Dear Sir,

I, _____ desire to become a _____ Member of Santacruz Gymkhana and do hereby agree, if selected to abide by the constitution Rules and Bye-Laws of the Gymkhana as now existing or as they may be altered hereafter.

Birth Date _____
Nationality _____
Resi. Address _____

Telephone No _____
Mobile No _____
Email _____

Academic Qualification _____
Blood Group _____
Occupation _____
Designation _____
Office Address _____

Off. Telephone No _____
Fax No _____
Mobile _____
Email: _____

DETAILS OF FAMILY MEMBERS

Name	Birth Date	M/F	Relation	Marital Stat.	Occupation	Bld Grp	Mem No.

Bank Details _____ Passport No _____
Vehicle Details _____
Annual Income _____

Name of other Clubs / Gymkhana, of which the applicant is a member

- Give reasons why you would like to join this Gymkhana _____
- Your special areas of interest, which can be useful in welfare / development of this Gymkhana _____
- Have you represented School / College in any games ? _____
- If yes, please give details (attach copies of Certificates _____
- Interview on _____

Proposed By _____ Seconded By _____
Membership No _____ Membership No _____
Signature _____ Signature _____