The Secretary, KKST, Kolhapur.

Sir,

I have understood the Aims of KKST. I wish to apply for Membership as per details given below –

1. Name : - . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(Surname ) (First Name) (Father’s /Husband’s Name)

2. Postal Address : - . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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City . . . . . . . . . . . . . . . . . . . . . . . . . . . PIN. . . . . . . . . . . . . . .

3. Contact Details: - Email . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

TF No. . . . . . . . . . . . . . . . . . . . . . . . . . . .Mobile No . . . . . . . . .

4. PAN No: - . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

5. Membership Desired & Amount (Please mark \_/ and delete NA) applied for -

i) Life Membership - Rs. 1 Lakh & Above. Membership for life of Applicant.

ii) Patron Membership – Rs. 50,000/- Membership valid for 10 years.

iii) Ordinary Membership - Rs. 1.000/- Membership valid for 1 year.

(Please credit Life and Patron Membership fee to Corpus Fund of the Trust.)

5. (a) Amount :- Rs . . . . . . . . . . . .Rupees (words) . . . . . . . . . . . . . . . . . . . . . . . . .

(b) Mode of Payment –

i) By Cheque : - i) No . . . . . . . . . . . . . . . . . . . . . . . . Dated . . . . . . . . . . . . . . . . .

On Bank . . . . . . . . . . . . . . . . . . . . . . . . . . . Branch. . . . . . . . . . . . . . .

ii) By RTGS / NEFT to A/C no – 090120110000802 IFSC code BKID0000901

Deposited on . . . . . / . . . . . . . ./. . . . . . (Note – please enclose Transaction slip).

Date :- . . . . . . . . . . . . . . . . . . . . . . . . Signature : - . . . . . . . . . . . . . . . . . . .

Receipt No . . . . . . . . . . . . . . . . . Application & Cheque Collected by:-

Name - . . . . . . . . . . . . . . . . . . . . . . Signature . . . . . . . . . . . . . . . . . . . .

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**For Office Use**:- 1) Accepted/Not accepted. Entered in Membership Register.

2. Allotted Number: - L/. . . . . . . . . .. . . . . . P/. . . . . . . . . . . . . M/. . . . . . . . .

3. Amount has been credited on . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . [Secretary] [Treasurer]