

## APPLICATION FORM FOR MEMBERSHIP OF COMMON CAUSE.

1. Name:

2. Father's Name:

3. Mother's Name

4. Date of Birth:

5. Educational Qualification:

6. Occupation:

7. Permanent Address:

8. Mailing Address:

8. (a) Email ID :

(b) Phone:

Mobile:

9. Next of Kin (Name & Address):

10. Membership Sought. (Tick any one block):

<b>Categories</b>	<b>Ordinary</b>	<b>Life</b>
Individual (with voting rights)	Rs. 500.00 P.A. <input type="checkbox"/>	Rs. 5000.00 <input type="checkbox"/>
Associate (without voting rights)	Rs. 100.00 P.A. <input type="checkbox"/>	Rs. 500.00 <input type="checkbox"/>

11. Why do you wish to join COMMON CAUSE? (Around 200 words, please use extra sheet of paper if necessary)

12. Your expectations from COMMON CAUSE (upto 100 words)

Place & Date:

Signature