



# VELMOC FOUNDATION

Chennai

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Photo

## MEMBERSHIP APPLICATION FORM

Name in full: \_\_\_\_\_ DOB: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_ Profession: \_\_\_\_\_

Permanent address: \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_

State: \_\_\_\_\_ country: \_\_\_\_\_

Marital Status:  Yes  No

Extra-Curricular Activities: \_\_\_\_\_

Membership in other Associations: \_\_\_\_\_

Phone: STD \_\_\_\_\_ Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email ID: \_\_\_\_\_

### DECLARATION

I, \_\_\_\_\_ hereby declare that I shall abide by VELMOC FOUNDATION's Constitution, Rules and Regulations in force.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

### INSTRUCTIONS:

- ° PLEASE COMPLETE THE FORM IN BLOCK LETTERS.
- ° SUBMIT A COPY OF PASSPORT AND 2 PHOTOGRAPHS, TOGETHER WITH THE FORM.