



Young Arms Raipur

**Self*Sustainable*Empowered*Society * Initiative*

MEMBERSHIP – FORM

Name: Mr./Mrs/Ms: _____

Name of Father/Spouse: _____

Contact No: _____

Gender: _____ Marital Status: _____

Date of Birth: _____ Blood Group: _____

Address: _____

Area: _____ City: _____

State: _____ Pin code: _____

Occupation: _____ Designation: _____

Business Name & Address _____

Membership if in any other Organization/Foundation _____

I am interested to join Young Arms, I have understood the aims & objective of Young Arms and agree to abide by the constitution rules & regulation. Please register me as a member of Young Arms, My membership fee is enclosed here with.

Signature of Applicant

Date

Place

Approved by member of Leadership Team

Bank A/C:

Account Name - Young Arms Foundation

Account No. - 37461937217

IFSC Code - SBIN0005194

Bank Name – SBI

Branch – Telibandha

{For 2022 Membership Contribution – Rs. – 3000/-}