



AJMER YOUNG MEN'S CHRISTIAN ASSOCIATION

C/o St. Joseph's Bal Niketan Sr. Sec. School, Dhola Bhata, Ajmer

APPLICATION FOR MEMBERSHIP

Date.....

To,
The General Secretary
Ajmer YMCA
Ajmer (Raj.)



Dear Sir,

I wish to become a member of Ajmer YMCA. I have read the Constitution and the rules & Regulations & do hereby solemnly affirm and agree to comply with & be bound by the Consitution of the Association which I have read.

Relevant Details are provided below :

1. Name of the applicant : _____

2. Father's Name : _____

3. Date of Birth : _____ (DD) _____ (MM) _____ (YYYY) _____

In words : _____

4. Marital Status : _____

5. Address : _____

(attach address proof : Rshan Card/Electricity Bill/Phone Bill)

6. Educational Qualification : _____

7. Occupation : _____

8. Designation : _____

9. Organisation Working for _____

10. Contact Number _____ (Resi) _____ (off)

Mobile _____ E-mail Id _____

11. Religion (if Christian mention Church) _____

12. Nationality : _____

13. Introduced By : _____

Signature _____

AREAS OF SPECIAL INTEREST

I am especially interested in these YMCA programmes etc. and would like to be associated with

- | | |
|---|--------------------------|
| 1. Social Concerns, Extension and Development | <input type="checkbox"/> |
| 2. Rural Reconstruction | <input type="checkbox"/> |
| 3. Christian Emphasis | <input type="checkbox"/> |
| 4. Special Education | <input type="checkbox"/> |
| 5. Socioeducation-cum-Cultural | <input type="checkbox"/> |
| 6. Professional Education | <input type="checkbox"/> |
| 7. Counseling | <input type="checkbox"/> |
| 8. Service to the Handicapped | <input type="checkbox"/> |
| 9. Youth Services | <input type="checkbox"/> |
| 10. Sports | <input type="checkbox"/> |
| 11. Human Resource Development | <input type="checkbox"/> |

Note : Please list 1, 2 and 3 in order of preference

Applicant's Date of Birth _____

Father's Name _____

Religion _____

Occupation _____

Office Address _____

Mobile _____ Tel _____

FOR OFFICE USE ONLY

Form No. _____

Amount _____

C.R. No. and Date _____

Card No. _____

Valid Upto _____