



## Membership Application Form

### *Personal Details*

Name\*: .....

Gender : Male / Female Date of Birth\* .....

### *Contact Details*

Address ..... Taluk\* : .....

District\* : ..... State\* : ..... Pin Code.....

Educational Qualification : ..... Mobile\*:.....

WhatsApp :..... Email :.....

### *Membership*

I Want to apply for VLSV Membership (RS. 100/-)

### *Subscription*

Voluntary Contribution (Minimum Rs. 100/-\*) INR.....

Please enrol me for Aajiwani Sahayog Nidhi (Rs. 1000/-, Rs. 5000/-, Rs. 10000/- & Above) INR.....

**Total Amount INR.....**

Please Enter Demand Draft or Cheque Number..... in favour of  
**“VEERASHAIVA LINGAYAT SANGHATANA VEDIKE”.**

### *Declaration*

I do hereby declare that, the contribution is from my personal fund and voluntary by nature.

**Date :** ..... **Signature.....**

Kindly note that: Fields marked with Asterisk (\*) are mandatory