



GHATKOPAR JOLLY GYMKHANA

MEMBER PROFILE FORM

SR.NO. _____

MEMBERSHIP NO. _____

GENDER : MALE FEMALE

MARRIED : YES NO

Affix
Passport Size
Photograph

NAME : _____
SURNAME FIRST NAME FATHER / HUSBAND NAME

MEMBERSHIP CATEGORY :

FOUNDER MEMBER PATRON MEMBER LIFE MEMBER MINOR LIFE MEMBER

ASSOCIATE MEMBER ASSOCIATE SPOUSE MEMBER

PERSONAL INFORMATION :

Mobile : _____ Resi.: _____

Office : _____ E-mail : _____

AADHAR No _____

PAN NO / PASSPORT NO. / DRIVING ID : _____

(Please attach Xerox copy of Self Attested Photo ID with Residential Adress Proof. Bring Original for Verification)

OCCUPATION :

C. A. ARCHITECT DOCTOR ENGINEER

LAWYER BUSINESS INDUSTRIALIST OTHER

BIRTH DATE : MARRIAGE ANNIVERSARY DATE :

EDUCATIONAL QUALIFICATION : BLOOD GROUP :

ASSOCIATED WITH OTHER ORGANISATION, IF ANY : _____

IN WHICH FACILITIES ARE YOU INTERESTED ?

Note : 1. LM & AM FORM TO BE FILLED SEPARATELY .
2. TWO PASSPORT SIZE PHOTOGRAPH OF ALL THE MEMBERS REQUIRED.

SIGNATURE OF MEMBER _____ Date : _____

Office Note : 1. Photo Graph No.: _____ 2. Biometric Impression No.: _____