

GHATKOPAR JOLLY GYMKHANA SPORTS COMPLEX MEMBER PROFILE FORM SR.NO. MEMBERSHIP NO. **FEMALE** MALE **GENDER:** TITLE: **MARRIED**: YES NO Other Miss. Mr. Mast. NAME: SURNAME FIRST NAME FATHER / HUSBAND NAME **MEMBERSHIP CATEGORY:** LIFE MEMBER MINOR LIFE MEMBER FOUNDER MEMBER PATRON MEMBER CORPORATE MEMBER ASSOCIATE MEMBER NRI / FOREIGN NATIONAL MEMBER **PERSONAL INFORMATION: DATE OF JOINING: BIRTH DATE:** DATE MONTH YEAR DATE MONTH YEAR PASSPORT NO.: PAN NO. : **ELECTION ID: OCCUPATION: DOCTOR ENGINEER** C. A. **ARCHITECT INDUSTRIALIST LAWYER BUSINESS** OTHER **EDUCATIONAL QUALIFICATION:** MARRIAGE ANNIVERSARY DATE : DATE MONTH YEAR ASSOCIATETED WITH OTHER ORGANISATION, IF ANY: IN WHICH FACILITIES ARE YOU INTERESTED? * Please Fill the Form in CAPITAL LETTER only with Black ink **ADDRESS & COMMUNICATION:** *PLOT NO. FLAT NO. : FLOOR: **BLDG NAME** STREET LANDMARK AREA SUBURB CITY PIN CODE : TEL.NO. FAX NO. MOBILE NO. : E. MAIL ID : **OFFICE DETAILS:** OFFICE NO.: FLOOR : *PLOT NO. BLDG NAME : STREET LANDMARK **AREA** SUBURB PIN CODE CITY FAX NO. TEL.NO. MOBILE NO. : E. MAIL ID NAME OF FIRST FAMILY MEMBERS :

| SR. NO. | NAME | RELATION | BIRTH DATE | MEMBERSHIP NO. A.M/L.M |
|------------|------|----------|------------|---------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| | | | | |

SIGNATURE OF. SPOUSE

*SIGNATURE OF CHILD (1)

SIGNATURE OF MEMBER