



Registration No : 351/2014

AWAKE WELFARE SOCIETY

A TRIBAL & RURAL DEVELOPMENT ASSOCIATION

ADMINISTRATION OFFICE : VISAKHAPATNAM
REGISTERED OFFICE : CHINTAPALLI., VISAKHAPATNAM DIST.

Website: www.awakesociety.org
E-mail : info@awakesociety.org

MEMBERSHIP APPLICATION

TO BE FILLED BY THE CUSTOMER IN CAPITAL LETTERS

1. Name of the Applicant :

2. Son of / Daughter of/ Wife of :

3. Sex : Male Female

4. Date of birth : DD / MM / YY

5. Residential address
(Full Postal Address With Pincode) :

(A) Permanent :

(B) Temporary (if differs from above) :

6. Phone No./ Mobile No. :

7. Ration Card No./ Pan Card No. :

8. E-Mail ID. :

9. Voter Identity Card No. :

10. Aadhar Card No . :

11. Whether belongs to the following

Categories

Whether belongs to	Put a tick mark in the colom	
	Yes	No
Indian Nationality		
Scheduled Caste		
Scheduled Tribe		
Physically challenged		
Freedom Fighter		
Ex-Serviceman		
Other Caste		

Applicant's Recent
passport size photo

Signature / Left-thumb impression
of the applicant

TYPES OF MEMBERSHIP

Annual Membership of AWAKE WELFARE SOCIETY is open the following categories

Type of Membership	Who can become a member	Fee in Rs.
1). SHG (as a group Membership)	Self Help Groups	300
2). Guidance For Employment	Consultants, Resource Persons, Research Associates, Guidance For Employment Medicals and Educations	1100

Select Membership 1 2

* Membership is on an annual basis (2.Guidance For Employment only) (except for Life Members) and runs on a cycle of 1st April to 31st March.

* Membership is subjected to approval of AWAKE WELFARE SOCIETY Board.

Submit documents while applying for membership:

- * Document charges apply.
- * 1 Recent passport size photo.
- * Copy of photo identity and address proof.

FOR OFFICE USE

Membership No..... Dated.....

Cash Receipt No..... For Rs.....

Signature of the
Chief Executive/ Authorized person

Date :

Place :

Reference Name :

BRANCHES

Chintapalli | Paderu | Arukuvalley