

Membership Application Form

(All the information must be filled in Capital letter. Please read the information overleaf. Tick whichever is applicable.)

To The General Secretary St. John Ambulance (India), Uttar Pradesh State Centre, Photo Lucknow. Dear Sir/Madam, I request you to enroll me as member of St. John Ambulance (India). I am enclosing/paying Rs. through Cash Cheque DD No. bank, dated I am enclosing two copies of passport size photograph and attested Xerox copy of my aadhaar card. Following are my details: Ms. Title: LAST NAME Name: Date of Birth: Gender: , HLAST NAME MINDLEKARE FURSTENAME Father's Name: AST NAME WARDLENAM FNAMEL Mother's Name: Address: Pin Code: Blood Group: Aadhaar No.: Email Id.: Contact No.: Occupation: Qualification: Introducer Name & Details: DECLARATION I hereby certify that the above information is correct and complete. If any information given is incorrect, I would be responsible for it. Date: 1)[) Signature Place:

MEMBERSHIP INFORMATION

Sl.No.	Grade of Membership	Amount in Rs.
1.	Patron	10000/-
2.	Vice Patron	5000/-
3.	Institutional Membership (Annual)	1000/-
4.	Life Member	500/-
5.	Life Associate .	250/-
6.	Annual Member	50/-
7-	Annual Associate	10/-

- Anyone can become St. John Ambulance (India) member who has desire to improve other's lives and believes in humanity.
- On becoming member in any grade of membership, the individual helps in rendering service to the most vulnerable at the time of need through St John Ambulance (India).
- Association, Club, Firms, Societies and Organization etc. can take membership from serial no. 1 to 3 offly.
- Individual can take any Membership leaving serial no. 3.
- Membership card can be obtained from State Branch Office, Lucknow only.
- Cheque/DD should be in favor of "St. John Ambulance(India), Uttar Pradesh State Centre" payable at Lucknow.

For office Use Only	
Grade of Membership	p: [
Receipt No.:	Date: DD \ MM \ YYYY
ID Card No.:	
Signature	·
Membership Incharg	
	General Secretary

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