



Membership No.

SILK ASSOCIATION OF INDIA

#129, Govindappa Road, Basavanagudi, Bengaluru - 560 004.

Phone : 080-2662 4259, Mob: +91 94480 67679

E-mail : silkassociationindia2008@gmail.com website - www.saoi.in

APPLICATION FOR MEMBERSHIP

Please refer the instructions given overleaf before filling the application

To,
The Secretary,
Silk Association of India
Basavanagudi, Bengaluru-560 004

Passport size
photo 1

Passport size
photo 2

I /we request you to kindly enroll me/us as **Donor** **Life Member** **Associate Member**

I/we furnish here under the information required and agree to abide by the Bye-Laws of the Association.

1	Name of the Applicant/ Organization/Association	
2	Name of Father/Husband/ Affiliated Organization	
3	Date of Birth/ Date of establishment	
4	Address	
5	Contact details	Landline
		Mobile
		E-mail
6	Profession	RSP <input type="checkbox"/> CRC <input type="checkbox"/> Rearer <input type="checkbox"/> Reeler <input type="checkbox"/> Weaver <input type="checkbox"/> Trader <input type="checkbox"/> Officer <input type="checkbox"/> Scientist <input type="checkbox"/> Others <input type="checkbox"/>
7	Nominee	Name
		Mobile No
		Relationship

I/we herewith send the admission/membership fee by Cheque / DD / RTGS No.

Date.....for Rs. 20,000 10,000 drawn on bank (give details).....

Place:

Date:

Signature/s

Note: All Cheques/DDs should be drawn on Silk Association of India, Bengaluru.

Bank details for on line transfer - Beneficiary : Silk Association of India (SAI),

Bank: Indian Bank, Branch : Basavanagudi, AC. No. : 714944030, IFSC : IDIB000B013

8	Details of proposer - I	Name	
		Membership No	
		Signature	
9	Details of proposer - II	Name	
		Membership No	
		Signature	

INSTRUCTION FOR FILLING APPLICATION FORM

Passport size photograph :

- In case of individuals affix one Passport size photograph in box 1 provided in the application form
- In case of Organizations/Associations/Company affix two Passport size photograph of any two authorized persons in box 1 and 2 provided in the application form

Name of the Applicant :

- In case of individual give one name with required details
- In case of Organizations/Associations/Company provide two authorized person's name and designation

FEE STRUCTURE: Donor : Rs. 20,000; Life Member : Rs. 10,000

FOR OFFICE USE

Receipt No.		
Date		
Amount Rs.		
Date of admission council meeting		
Approved Membership No		
Treasurer	Secretary	President