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**Ahmedabad Uttar Gujarat 42 Leuva Patidar Pragati Mandal  
(Yuva Organization)  
APPLICATION FOR THE MEMBERSHIP**

Date:

I, the undersigned, Shri/Smt \_\_\_\_\_ hereby request to the organization to register me as a member for year/lifetime by accepting the fees decided by the organization. I hereby agree to abide the present rules and regulations of the organization and any amendment made from time to time. If any irrelevant activity done by me which is against the interest of the organization than the committee members of the organization can cancel my membership and I will not have any objection for the same.

**PERSONAL DETAILS**

- (1) Full Name: \_\_\_\_\_ (2) Native: \_\_\_\_\_  
(3) Present Address: \_\_\_\_\_ (4) Phone (Res. /Off.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(5) Mobile No.: \_\_\_\_\_ (6) E mail Id: \_\_\_\_\_  
(7) Date of Birth: \_\_\_\_\_ (8) Age: \_\_\_\_\_  
(9) Occupation: \_\_\_\_\_ (10) Qualification: \_\_\_\_\_  
(11) Blood Group: \_\_\_\_\_

**YOUR AREA OF INTEREST TO SERVE**

Sr. No	Activity	Yes /No	Sr. No	Activity	Yes/ No	Sr. No	
(1)	Social Functions		(5)	Education Related Activity		(8)	
(2)	Blood Donation Camp		(6)	Sports Activity		(9)	
(3)	Senior Citizen Services		(7)	Any Organization Services		(10)	
(4)	Career Development			<u>If other Please Specify</u>		(11)	

**REFERENCES**

- (1) Sh. \_\_\_\_\_ Village: \_\_\_\_\_ Signature: \_\_\_\_\_  
(2) Sh. \_\_\_\_\_ Village: \_\_\_\_\_ Signature: \_\_\_\_\_

**Note: - One reference out of three should be from your own village  
(New Membership will be given only after approval of the committee members)**

I confirm that myself / my father is/are the lifetime member of the said organization and the information given/filled in this form is true to best of my knowledge.

Facebook: - Leuvapatidaryuvaorg Ahmedabad

Email ID: [42leuvapatelsamajsevamandal@gmail.com](mailto:42leuvapatelsamajsevamandal@gmail.com)

Date: -

Signature of the Member