

Application No.

KON-CAB

Konkani Catholic Association Bangalore(Regd.)

ಕೊಂಕಣಿ ಕಥೋಲಿಕ್ ಏಸೋಸಿಯೇಶನ್ ಬೆಂಗಳೂರ್ (ಲ)

Konkan Samudhai Bhavan, 1st Floor, 7th Main Rd, Chellikere, Kalyan Nagar, Bengaluru, Karnataka - 560043
www.koncab.com, Email:koncab.bangalore@gmail.com

PHOTO

ಸಾಂದ್ಯಾಪಣಾಕ್ ಅರ್ಜಿ / Application for Membership

1. Name ನಾಂವ್ :
2. Date of Birth ಜನಮ್ ತಾರೀಕ್ :
3. Married / Not Married ಕಾಜಾರಿ / ಅಂಕ್ವಾರ್ :
4. If married, Date of Marriage :
- ಕಾಜಾರಿ ತರ್, ಕಾಜಾರಾಚಿ ತಾರೀಕ್
5. Occupation ಕಾಮ್ / Business ಉದ್ಯಮ್ :
6. Office Address / ದಪ್ಪರಾಚೊ ವಿಳಾಸ್ :
-Phone.....
7. Residential Address ವಿಳಾಸ್ :
- (Please give full postal address) :
-Phone.....
8. (a) Self | 8. (b) Spouse
Mobile :
- E-mail ID :
- E-mail ID :
9. Family Members ಕುಟ್ಮಾಚಿ ಸಾಂದೆ

Members ಸಾಂದೆ	Name / ನಾಂವ್	D.O.B/ಜನಮ್ ತಾರೀಕ್	M/F ಚರೊ / ಚಲಿ
Spouse ಪತಿ/ಪತಿಣ್			
Children ಭುರ್ಗಿಂ			
1.			
2.			
3.			
4.			

Introduced & Recommended by:

Name ನಾಂವ್ :
Signature ದಸ್ತ :
Address ವಿಳಾಸ್ :

Place: _____ Date: _____

Signature of the Applicant
ಅರ್ಜಿದಾರಾಚಿ ದಸ್ತ

Membership Fees / ಸಾಂದ್ಯಾಪಣಾಕ್ ಶುಲ್ಕ್

1. ORDINARY LIFE MEMBERSHIP : ₹ 1000/-
2. DONOR MEMBERSHIP : ₹ 3000/-
3. PATRON MEMBERSHIP : ₹ 5000/-

For Office Use / ಆಡಲ್ಯಾ ಖಾತಿರ್

Received Rs..... (Rupees..... only)
by Cash / Cheque no.....dated.....vide Receipt No.....dated.....
Approved in the Managing committee Meeting held on.....

PRESIDENT

Membership No.

SECRETARY