



SADASHIVANAGAR RESIDENTS WELFARE ASSOCIATION

Post Box 8048, Sadashivanagar Post Office. 8th Main Road

Bengaluru - 560 080

Phone: 77609 50348 Email: sadashivnagarrwa@gmail.com

Please paste your
passport size
photograph here

APPLICATION FOR MEMBERSHIP

Membership Number _____

I am a resident of Sadashivanagar. I hereby apply for the membership of the Association.

My particulars are as under.

1. Name: Mr./Mrs./Ms _____

2. (a) Date of birth _____ (b) Nationality _____ (c) Marital Status _____

3. Phones: (a) Home _____ (b) Mobile _____

4. Email address _____

5. I am the owner / tenant (*Please tick appropriately*) and I am residing at the following address.

6. (a) Office Address _____

(b) Designation _____

7. (If applicable)

(a) Name of spouse _____

(b) Mobile _____ (c) SRWA Membership Number _____

8. I have paid Rs. 2,000 towards my SRWA membership using the Razorpay link (provided here)

<https://rzp.io/l/6xFGfSN> on _____ (date).

Date _____

Signature of the Applicant

DECLARATION OF THE APPLICANT

I, _____

- (a) Fully subscribe to the aims and objectives of Sadashivanagar Residents Welfare Association (SRWA)
- (b) Shall intimate in writing any change in address and when moving out of Sadashivanagar.
- (c) Am not involved in any disciplinary action by any agency.

Date _____

Signature of the Applicant

INTRODUCTION BY THE PROPOSER

I have known the applicant for _____ years. I recommend him/her as a member of SRWA.

My details are as under.

1. Name: Mr./Mrs./Ms _____

2. SRWA Membership Number _____

3. Residential address in Sadashivanagar

4. Phones: (a) Home _____ (b) Mobile _____

Date _____

Signature of the Proposer

FOR OFFICE USE

- 1. Received the payment of Rs. 2,000 through Razorpay
- 2. Decision of the Managing Committee: Approved / Rejected

Date _____

Signature
President / Vice President / Secretary