

ग्राम स्वावलंबी स्वदेशी स्वराज फाउंडेशन
Gram Swawlambi Swadeshi Swaraj Foundation
(G3S FOUNDATION)

Registered under The Societies Registration Act, 1860
All India Level Society | Regd. No. ROS/North/ALP/11/2016

Membership fee:

Donation:

Total Amount:

Membership No.:

Slip No.:

Date:

MEMBERSHIP FORM

Affix Your Passport Size
Photograph here and
do your signature in
blow given box.

Name: _____

Mother's Name: _____

Father's Name: _____

Aadhar No: _____

DOB: _____ Gender: _____ Blood Group: _____ Disability if any: _

Religion: _____ Cast: General/OBC/SC/ST _____ Profession: _____

Address: _____

Block: _____ District: _____ State/UT: _____ Pin code:

Mobile No: _____ Email: _____

Academic Qualification: _____ Work Experience if any: _____

Area of Interest: _____

In applying for enrollment as a member of G3S FOUNDATION, I _____ (Name) hereby accept that all the information given by me is correct and there is no criminal case on me till the date of today. I hereby agree to be governed by the constitution and BY- laws of the Society.

Applicant Signature

Authorized Signature/Seal

Date & Place: _____

Regd. Office KH.NO.600-601, Ground Floor, Village - Alipur, Landmark: Near Mini Stadium, Delhi-110036

Toll free No: 1800 11 8515 | Email: g3sfoundation@gmail.com | Website: g3sfoundation.org

MEMBERSHIP RIGHTS AND OBLIGATIONS

1. **Generally.** Member agrees to pay the annual fees established for its Membership Class, as may be amended from time to time in accordance with the Bylaws and the membership fee is not refundable.
2. **Suspension and Termination.** Governing Body of G3S Foundation shall have all the rights to suspend participation, or cancel the membership, of Member at any point of the time if member works against the interest, objectives and reputation of the Society. No refunds of Membership fees or other payments will be given.
3. **Limitations.** Members does not have any right to do any deal or sign any contract on the behalf of the Organization.

BENEFITS OF MEMBERS

Members will get the oppotunity to attend online and face to face events organize by G3S FOUNDATION.

Office Use Only

Name:

Membership NO:

Date:

Authorized Signature & Seal

This receipt confirm your Membership in G3S Foundation for one year. You are requested to please inform Concern authority for your Re-Membership in the Organization. Looking forward to see your good and active participation in the Organization to achieve its Goal and Objectives.

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Twitter- @foundationg3s

Instagram: g3s_foundation