

Kasturi Foundation

C/o Spur Electronics, 202/A, Om Shiv Sai CHS, Sion (E), Mumbai – 022
Ph 24099812 . Email: info@kasturifoundation.org
Web: www.kasturifoundation.org

Photo

Admission Form

Form No.: _____

Name of Applicant: _____

Residential Address: _____

Office Address: _____

Phone: (M) _____ (R) _____ (O) _____

Educational Qualification: _____ Profession: _____

Date of Birth: _____ Wedding Date: _____

Name of Spouse: _____ His / Her Date of Birth: _____

Blood Group: Self O + Spouse _____

E-mail ID: Self: _____ Spouse _____

Preference for receiving circulars: **SMS / E-mail / Mail**

(please opt for SMS or E-mail if you have the facility to receive them. It is not only economical but also, being paperless, environment friendly)

Are you associated with any other Social / Cultural Organisation: **Yes / No**

If yes: Please give details:

Would you like to register yourself as Blood Donor:

Signature

Date: _____ For Office use only

Admitted as a member on _____ Membership no. _____

Membership Fee receipt no. _____

Authorised Signatory

Approved by 1. _____

2. _____