

ಫೌಂಡೆ ಶನ್ ಇಂಡಿಯಾ FOUNDATION INDIA

No. 4/2, New No. 77, 3rd Floor, B. Osman Khan Road, Bengaluru-560 002 E-mail: secretary@foundation-india.com, Web: www.foundation-india.com

ASSOCIATE TRUSTEE APPLICATION FORM

To, The Hon. Secretary, **FOUNDATION INDIA** Bengaluru - 560 002.

Passport Size Photograph

Dear Sir,

I request you, to kindly enroll me as a Associate Trustee of **Foundation India.** I have read the byelaws of the trust and I agree to abide by the rules & regulations of the trust.

I will also give my full co-operation for the developmental programmes of the trust. I enclose herewith the enrolment fee as per the details given below. Please accept my membership & oblige.

Associate Trustee		Paid by Cash / Cheque No.				
Membership Fee: Rs. 21,000/-		Date:		For Rs.:		
Drawn On:						
Not	te : Cheque Shou	ld be in favour	of "Foundation	India, Be	engaluru	"
		:: Persona	l Details ::			
Applicant's Name (in Block Letter):				PAN No. Date of Birt		Date of Birth:
Father's Name						
pouse Name :				Date of Birth:		
Qualification (Self):			Qualification (Spouse):			
Business / Profession	on:					
I would like to join	Foundation India becar	ise:				
Member of other	r Organization : (If	any)				
Office Address :			Residence Address :			
T '1						
Email:						
Mobile:	1 37		26.1.1			
Whatsaap Mobile No. :			Mobile:			
Landline:			Landline:			

Note: * This trusteeship is valid for the enrolled member only & is not transferable.

* The term of the Associate Trustee is for a period of 5 years only from the date of acceptance.

Signature of the Applicant:

Date:

Signature of the Introducer: