

Regd. Medical NGO



ombating HIV/AIDS & CANCER

# social activities integration

14-G/F, Byculla Municipal School Building, Near "S" Bridge, N. M. Joshi Marg, Byculla (W), Mumbai - 400 011, India.

Phone : 091-22-23016976/23051706, email : info@saingo.org, Website : [www.saingo.org](http://www.saingo.org)

Registered under Societies Registration Act 1860, Registered under the Bombay Public Trust Act 1950, Donation Exempted Under 80G of the I.T. Act 1961, Registered under FC (R) Act 1967  
Reg. No. F-21793 (BOM); PAN No : AACTS0408E

## Membership Form

TO,  
The President,  
**Social Activities Integration-SAI**  
Byculla. (W), Mumbai-400 011. INDIA.



Dear Sir/Madam,

I request to be enrolled as Member /Life Member/Patron Member of the **SOCIAL ACTIVITIES INTEGRATION**. I agree to abide by the rules and regulations of the organization. I am herewith sending my membership for **Rs./YOUR CURRENCY** \_\_\_\_\_  
(In words \_\_\_\_\_  
\_\_\_\_\_) by Pay Order/ DD/Cheque on \_\_\_\_\_  
**dated \_\_\_\_\_ drawn on \_\_\_\_\_ Bank,**

### Fields in RED are Mandatory

**Name :** .....

**Local Address :**  
.....  
..... Pin.....

Permanent Address :  
.....  
..... Pin.....

Official Address :  
.....  
..... Pin.....

Tel (O): ..... (R)..... Fax : .....

**Mob :** ..... Profession & Designation.....

Email : ..... PAN No .....

**Nationality :** ..... **Sex**..... **DOB :** .....

Highest Qualification : .....

**Educational History :**

Sl No.	Education Record	School / College	Board/ University	% of Marks	Year

**Professional Experience:**

Sl No.	Position	Working Field	Organisation	From	To

**Question and Answers :**

1. How do you come to know about **Social Activities Integration (SAI)**

Ans : .....

2. Why did you choose **Social Activities Integration (SAI)** and what Motivated you ??

Ans : .....

3. Are you a Member of any other association, If yes please give details.

Ans .....

4. Is thee any association with Medical / Social Field

Ans .....

5. What are your Strength and Weakness?- so that we can work together in combating HIV/AIDS & CANCER

Ans: .....

6. What will be your Contribution to Social Activities Integration (SAI) and what are your field of Interest?

Ans : .....

7. What are your Hobbies??

Ans : .....

.....  
8. Is there any Medical Restrictions??

Ans : .....  
.....

Signature : .....

**Date :** .....

Place .....

Ka2014sai

★ Membership Fee:    General Member    :    **1200** + Entry Fee 5,  
                                 Well Wisher            :    **5000/-**  
                                 Patron Members    :    **10000/-**

**DONE**

**For office use only**

Date : \_\_\_\_\_

Application received on: \_\_\_\_\_ From Mr./ Ms. /Mrs./ Dr./ Prof./ \_\_\_\_\_

Subscription received on: \_\_\_\_\_ Approval dated: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ For Rs \_\_\_\_\_ (In Words )

\_\_\_\_\_ toward

s \_\_\_\_\_

Through \_\_\_\_\_ DD No \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

\_\_\_\_\_