



# KAYADE BHARATI

(Regd No. U69100PN2026NPL252569)

## Membership Application Form

### 1. Type of Membership (Tick ✓ Appropriate Category)

- Annual Member     Student Member     Professional/ Corporate Member  
 Institutional Member     Volunteer

### 2. Personal Details

Full Name (in Block Letters): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:  Male  Female  Other

Occupation/Profession: \_\_\_\_\_

Name of Organization/Institution (if applicable): \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Aadhar No. (Optional): \_\_\_\_\_

### 3. Contact Details

Residential Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ PIN: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email ID: \_\_\_\_\_

### 4. For Student Membership (If Applicable)

Name of School/College: \_\_\_\_\_

Course/Class: \_\_\_\_\_

Year of Study: \_\_\_\_\_

**5. For Institutional Membership (If Applicable)**

Name of Institution: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_

Designation: \_\_\_\_\_ Mobile No. ....

Office Address: \_\_\_\_\_

**6. Areas of Interest (Tick ✓)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Legal Awareness Programs    | <input type="checkbox"/> Workshops & Seminars    | <input type="checkbox"/> Cyber Law Awareness     |
| <input type="checkbox"/> Legal Aid & Assistance      | <input type="checkbox"/> Women & Child Rights    | <input type="checkbox"/> Others (Please Mention) |
| <input type="checkbox"/> Labour and business law     | <input type="checkbox"/> Senior Citizen Rights   |  |
| <input type="checkbox"/> Volunteering in Rural Areas | <input type="checkbox"/> Research & Publications |  |

**7. How Would You Like to Contribute?**

- |   |  |
|---|--|
| <input type="checkbox"/> Volunteer Work     | <input type="checkbox"/> Professional Legal Guidance |
| <input type="checkbox"/> Conduct Workshops  | <input type="checkbox"/> Financial Support           |
| <input type="checkbox"/> Research & Writing | <input type="checkbox"/> Administrative Support      |

**8. Membership Contribution Details**

Amount Paid: ₹ \_\_\_\_\_

**Mode of Payment:**

- |                               |   |  |                              |
|-------------------------------|---|--|------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque (No. _____) | <input type="checkbox"/> Bank Transfer | <input type="checkbox"/> UPI |
|-------------------------------|---|--|------------------------------|

Transaction/Receipt No.: \_\_\_\_\_

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

**9. Declaration**

I hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to abide by the rules, regulations, and objectives of Kayade Bharati.

Signature of Applicant: \_\_\_\_\_

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

Place: \_\_\_\_\_

**For Office Use Only**

Membership Approved:  Yes  No

Membership ID No.: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Approved By (Name & Signature):

Date of Approval: \_\_\_\_ / \_\_\_\_ / \_\_\_\_