

**SOCIETY FOR PRESERVATION OF HEALTHY  
ENVIRONMENT AND ECOLOGY AND HERITAGE OF AGRA (SPHEEHA)**

(REGISTERED UNDER SOCIETIES REGISTRATION ACT XXI OF 1860)

**MEMBERSHIP APPLICATION FORM**

Passport size  
Photograph

**The Secretary,  
SPHEEHA, AGRA**

Sir,

I am interested in becoming an Associate Member/Student Member of "SPHEEHA". I request that my application may be considered for it. I am willing to pay an annual membership fee of Rs.3000.00 for Associate membership/ Rs.100.00 for Student membership.

I have read the Memorandum and Bye-laws of the Society. I agree to fully abide by them and decisions taken by the Governing Body in terms of the bye-laws.

Signature \_\_\_\_\_

(Please fill all the information in capital letter)

First Middle Last

1. Name \_\_\_\_\_

2. Date of Birth (dd/mm/yyyy) \_\_\_\_\_

3. Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Pin \_\_\_\_\_

4. Phone : \_\_\_\_\_

Office (with STD code) \_\_\_\_\_

Residence (with STD code) \_\_\_\_\_

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

5. E – mail id \_\_\_\_\_

6. Educational Qualification \_\_\_\_\_

7. Occupation with Designation \_\_\_\_\_

8. Name and Address \_\_\_\_\_

of the Organization/ \_\_\_\_\_

Self Employed \_\_\_\_\_

9. PAN No. \_\_\_\_\_

An Account Payee Cheque/Demand Draft no. \_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_ in favour of "SPHEEHA" payable at "AGRA" towards Annual Membership Fee is enclosed.

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

Name \_\_\_\_\_