

**SOCIETY FOR PRESERVATION OF HEALTHY  
ENVIRONMENT AND ECOLOGY AND HERITAGE OF AGRA**

(REGISTERED UNDER SOCIETIES REGISTRATION ACT XXI OF 1860)

**APPLICATION FORM - ASSOCIATE LIFE MEMBER**

PAN : AAGTS1303N

12A/12AA REGISTRATION NO.: CIT-II/AG/06-07/5/25/1178 DT.26.04.2007

80G APPROVAL NO.: CIT-II/09-10/139/70/2075 DT.10.09.2009

SOCIETY REGISTRATION NO.: AG-42152

GST REGISTRATION NO.: 09AAGTS1303N1ZA

FCRA REGISTRATION NO.: 136210095

Please affix  
your recent  
passport size  
photograph

**The Secretary,  
SPHEEHA, AGRA**

Sir,

I am interested in becoming an Associate Member of "SPHEEHA" and request that my application may be considered for the same. I am willing to pay life membership contribution in convertible foreign exchange equivalent to INR Rs.75,000 (Rupees Seventy Five Thousand Only) forming part of the Corpus of the Society.

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. Father's/Husband's Name	_____		
3. Date of Birth (dd/mm/yyyy)	_____		
4. Nationality	_____		
5. Indian Origin	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6. Permanent Address	_____		
	_____	City _____	_____
	State _____	Country _____	Postal Code _____
<b>Current Address</b>	_____		
	_____	City _____	_____
	State _____	Country _____	Postal Code _____
7. Phone	_____		
8. E - mail id	_____		
9. Educational Qualification	_____		
10. Occupation with Designation	_____		
11. Name and Address of the Organization/ Self employed	_____		
12. PAN (If available)	_____ (Photocopy enclosed)		
13. ID Card / Driving License	_____ (Photocopy enclosed)		
14. Passport No.	_____ (Photocopy enclosed)		
Date & Place of Issue	_____ Expiry Date _____		

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

Signature \_\_\_\_\_

Name \_\_\_\_\_

**Head Office : 2, Dayalkripa Villa, Mansarover Enclave, Dayalbagh Road, Agra-282005 (U.P.)**

**Admin.Office: OBA Hall, DEI Dairy Complex, Dayalbagh, Agra-282005 (U.P.)**

**Mobile Phone : (+91) 8630332962, (+91) 9045001990**

**E-mail : spheeha.db@gmail.com.**