

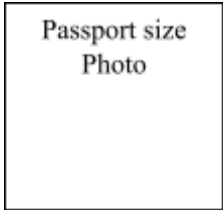
SOCIETY FOR PRESERVATION OF HEALTHY ENVIRONMENT AND ECOLOGY
AND HERITAGE OF AGRA(SPHEEHA)

(REGISTERED UNDER SOCIETIES REGISTRATION ACT XXI OF 1860)

MEMBERSHIP APPLICATION FORM

Passport size
Photo

To
The Secretary,
SPHEEHA, Agra



I am interested in becoming a Student Member of 'SPHEEHA'. I request you to consider my application, I am willing to pay the annual membership fee of INR 100.00/- for the same.

I have read the [Memorandum](#) and the [Bye-laws](#) of the Society and I agree to fully abide by them, I will accept the decisions made by the Governing Body.

(Please fill in capital letters)

- | | First | Middle | Last |
|---|-------|--------|-------|
| 1. Name: | _____ | | |
| 2. Date of Birth (dd/mm/yyyy): | _____ | | |
| 3. Address: | _____ | | |
| | _____ | | |
| | _____ | City | _____ |
| | State | _____ | Pin |
| 4. Phone /Mobile No.: | _____ | | |
| 5. Email id: | _____ | | |
| 6. Class/Standard/Bachelors/Masters: | _____ | | |
| 7. Name of School /College: | _____ | | |
| 8. Aadhar No. : | _____ | | |

Date(dd/mm/yyyy): _____

Signature _____

Name _____