

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

(REGISTERED UNDER SOCIETIES REGISTRATION ACT XXI OF 1860)

ASSOCIATE LIFE MEMBERSHIP
APPLICATION FORM

Passport size
Photo

To
The Secretary,
SPHEEHA, Agra

I am interested in becoming an Associate Life Member of 'SPHEEHA'. I request you to consider my application, I am willing to pay the membership fee of INR 3000.00/- 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. Father's / Husband's Name	_____		
3. Date of Birth (dd/mm/yyyy)	_____		
4. Address	_____		

	City	_____	
	State	Pin	_____
5. Phone /Mobile No :	_____		
6. Email id:	_____		
7. Nationality	_____		
8. Educational Qualification	_____		
9. Occupation with Designation	_____		
10. Name & Address of the Organization/Self Employed	_____		

11. PAN No.	_____		
	(photo copy enclosed)		
12. Aadhar No.	_____		
	(photo copy enclosed)		
13. Passport Number	Date of Issue(dd/mm/yyyy)	_____	
	Place of Issue	Date of Expiry(dd/mm/yyyy)	_____

Date(dd/mm/yyyy): _____

Signature _____
Name _____