

**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.: AAGTS1303NE2006201 DT.10.03.2022  
80G APPROVAL NO.: AAGTS1303NF2006001 DT.10.03.2022  
SOCIETY REGISTRATION NO.: AG-42152  
GST REGISTRATION NO.: 09AAGTS1303N1ZA  
FCRA REGISTRATION NO.: 136210095

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 in convertible foreign exchange equivalent to INR Rs.75,000 (Rupees Seventy Five Thousand only) 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. Nationality	_____		
5. Place of Birth (Country)	_____		
6. Permanent Address	_____		
	City	_____	
	State	Country	Postal Code
	_____	_____	_____
Current Address	_____		
	City	_____	
	State	Country	Postal Code
	_____	_____	_____
7. Phone/Mobile No	_____		
8. Email 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 of Issue	_____ Expiry Date		
(dd/mm/yyyy)	(dd/mm/yyyy)		

Date: \_\_\_\_\_  
(dd/mm/yyyy)

Signature \_\_\_\_\_  
Name \_\_\_\_\_

**Registered Office: OBA Hall, DEI Dairy Complex, Dayalbagh, Agra-282005 (U.P.)  
Mobile Phone : (+91) 8630332962, (+91) 9045001990  
E-mail : spheeha.db@gmail.com.**