



Form No.

সিনে গিল্ড, বালি

CINE GUILD, BALLY

Membership Application Form

Estd.1982

1. Name (s) Mr./Ms.(1)
Mr./Ms.(Spouse)(2)
2. E-mail: (1) Phone No.:(1)(2)
3. Address:
District..... State Pin code
4. Date of Birth (1) : (dd/mm/yyyy) D.O.B (2) :
5. Identification No. (Aadhar/ PAN / EPIC) (1) (2)
6. How did you hear about us? Friend/colleague Google Blog/ News Article Other
7. Membership Type : Life/ Ordinary/ Couple
8. Preferred mode of Contact : Phone Email Whatsapp Other (specify)
9. Qualification (1).....(2) Special Aptitude (if any) (1).....(2).....
10. Profession (1).....(2).....
11. Membership Rules
I. Any citizen of India having minimum 18 years age may apply for Membership.
II. The member is bound to abide by the Rules & Regulations of Cine Guild, Bally and will NOT indulge in any activity which may jeopardise the normal activities of Cine Guild, Bally in some way or other.
12. I/We have read, understood, and accepted the rules for membership.
13. I/We do hereby confirm that the particulars furnished above are true to the best of my/our knowledge and belief.

.....
Signature of the Applicant with date (1)

.....
Signature of the Applicant with date (2)

For Office use

Accepted in the Executive Committee meeting dated

Receipt No. Dated For Rs.