Silver Innings: Website Paid Membership Form

Title: Mr/Mrs./Ms			
Full Name:			
Designation:			
Profession:			
Age:			
Qualification:			
Name of Organisation:			
Nature of Business of Organ	isation:		
Residence address:			
Office Address:			
City:			
State:			
Country:			
Pin code number:			
Contact Number: Mobile:		Office:	Residence:
Fax number:			
E-mail Id:			
Website:			
Blog:			
Membership Type: Patron / Corporate / NGO or Trust / Government Organisation: 10			
years/Life			
NGO/Trust Regd. No:			
Tax Exemption No:			
Demand Draft / Postal Orde	r number:		
Dated:			
Drawn on:			
Amount:			
Date:			
Signature:			Seal of organisation:
For Silver Innings - Office u	se Only:		
Date Received			
Form Received by:	Type of Membership:		
Payment details:		•	
Action:			
Name	Signature:		Stamp:

Note: Tick where ever applicable. Membership will be valid after membership payment is credited to Silver Innings bank account and after issue of Membership letter only. This is limited only for membership to Silver Innings website. Attachment of copy of registration and Tax exemption if any is must. Attach your profile if you desire to do so.