

Sr. No.....

MEMBER FORM

Rasid No.....

Name Mr./Mrs./Miss.....

Address.....

Office Add.....

Code No.....

Area.....

Mo.:..... Whats App : Ph.(Resi.)

E-mail :

Occupation.....

Membership Category : **1. Patron** Rs.

2. Special Member Rs. 5000/-

3. Honourary Member Rs. 3000/-

4. General Member Rs. 1000/-

Pay in favour of **Clown Times** by Cash/Cheque/DD./Money order

Amount Rs.....Cheque/DD/Money Order No.....

Dated.....

Representative's Signature

Member's Signature

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