



# TraWell Amigos Private Limited, Mumbai

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## Individual Membership Enrollment Form

Paste  
Passport Size  
Photo in the  
box  
(3x4.2cm)

PLEASE FILL IN CAPITAL LETTERS

Signature

Name Mr. / Mrs. / Ms

Date of Birth (DD / MM / YY) \_ \_ / \_ \_ / \_ \_ Gender: [ ] Male [ ] Female [ ] Blood Group .....

Occupation [ ] Service [ ] Business [ ] Student [ ] Housewife [ ] Others

Membership Type: (Please tick one of the below)

Jr. One Year @ Rs.30/- [ ] One Year @ Rs.50/- [ ]

Two Year @ Rs.100/- [ ] Life @ Rs.200/- [ ]

Address 1

Address 2

City  Pin code

State

Mobile

E-mail (Block Letters) .....

I would like to receive notifications through SMS / Email / Whatsapp.

Declaration: I hereby declare that I have not been expelled at Unit/State and National level of the organization. The above given information is true and valid. However, if any defect found, the organization contains full right to cancel my membership. I have read aims & objectives of the association. I undertake to abide by its rules and regulations.

Dated \_\_\_\_\_

Signature of Applicant

Specimen Signature in the box for PVC card

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### FOR OFFICE USE ONLY

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Membership subscription, Rs.....received at.....

Dated [ ] / [ ] / [ ]  
DD MM YY

Receipt No. ....