



# UTTARAN

Regn. No: DRB1/SOR/460/2024-2025

<https://uttaranblr.in>

**Regd. Address:**

Uttaran Association  
No 10, Ground Floor, Amruthahalli  
Sahakar Nagar Post  
Bangalore - 560092

## Volunteer Membership Application

Email: admin@uttaranblr.in

Phone: 7676118186

Dear Sir,

I wish to enroll myself as a member of Uttaran, Bangalore. My details are as under:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ PIN Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_  
Name(s) of other family members with age and relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mention your Areas of Interest: ☐ Philanthropy/Social Work ☐ Administration ☐ Sports  
☐ Cultural Activities ☐ Funds Mobilization ☐ Religious Events ☐ Socializing ☐ Event Management

Proposed By: \_\_\_\_\_  
Seconded By: \_\_\_\_\_

Membership No: \_\_\_\_\_  
Membership No: \_\_\_\_\_

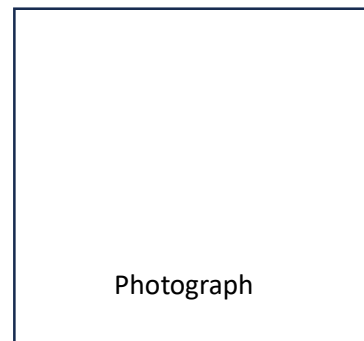
### Declaration:

- ☐ The information provided above is true to my knowledge.
- ☐ I have received a copy of Uttaran's rules and regulations and have read and understood the same.
- ☐ I agree to abide by the above rules and regulations, and agree that Uttaran reserves the right to terminate my membership in case of any violations of the same.

Signature of the Applicant:

Date: \_\_\_\_\_

Place: \_\_\_\_\_



Photograph

Approver's Name: \_\_\_\_\_

Membership No: \_\_\_\_\_

Date: \_\_\_\_\_

Approver's Signature: