



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

Email: admin@uttaranblr.in

Phone: 7676118186

Volunteer Membership Application

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: _____

Membership No: _____

Seconded By: _____

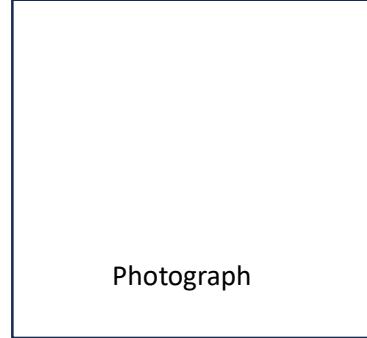
Membership No: _____

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.



Photograph

Signature of the Applicant:

Date: _____

Place: _____

Approver's Name: _____

Membership No: _____

Date: _____

Approver's Signature: