Annexure B

Member Application

YOUNG MINDS INTERNATIONAL To impact these through service	YOUNG MINDS CLUB OF	
to impact thes dis ough service		

INTERNATIONAL To impact lives through service	.00	THO PHINDS CE	.0001				
NAME							
		Date of Birth					
Young Minds		AddressProof*					
Registration No.		AAC□ DL□ Rcard□ Oth□					
Address							
Phone	Mob	Mobile What		sApp			
Email							
Family Details							
	Nan	ne	Relat	ionship	Date of	Birth	ID Card No
Introduced by	Joining Members						
Name:		Name:					
Club: YMR No.		Date of Joining: Place:					
Signature:			s	ignature:			
Club President		Club Secretary	Men	bership Com	ım. Chairman	Regiona	al Chairman
		,		•			

Club President	Club Secretary	Membership Comm. Chairman	Regional Chairman
Signature	Signature	Signature	Signatur