

Annexure B

Member Application



YOUNG MINDS CLUB OF

NAME	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Young Minds Registration No.	AddressProof* AAC <input type="checkbox"/> DL <input type="checkbox"/> Rcard <input type="checkbox"/> Oth <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address		
Phone	Mobile	WhatsApp
Email		

Family Details

Name	Relationship	Date of Birth	ID Card No

Introduced by

Name:

Club:

YMR No.

Signature:

Joining Members

Name:

Date of Joining:

Place:

Signature:

Club President

Signature

Club Secretary

Signature

Membership Comm. Chairman

Signature

Regional Chairman

Signature