

MOHAN Foundation Life Membership Application Form

As life members MOHAN Foundations wants your support in all our endeavors and active participation in all our events.

Kindly fill in the form and post it to us.

I/We wish to join MOHAN Foundation as a life member.									
Name: Mr/Mrs/Ms/ _____									
Address _____ _____									
Pin _____	Tel _____ Mobile _____								
Email _____									
I/We remit herewith Rs. _____ by Cash/ Cheque/ Demand Draft No. _____									
dated _____ drawn on _____									
Date: _____	Signature _____								
Please send Membership fee by Cheque/Demand Draft in the name of MOHAN Foundation payable at Chennai .									
For office use	Membership Fee								
Name: _____	<table border="1"><thead><tr><th>Category</th><th></th></tr></thead><tbody><tr><td>Individual</td><td>Rs. 2,500/-</td></tr><tr><td>Institutional</td><td>Rs. 5,000/-</td></tr><tr><td>Corporate</td><td>Rs. 15,000/-</td></tr></tbody></table>	Category		Individual	Rs. 2,500/-	Institutional	Rs. 5,000/-	Corporate	Rs. 15,000/-
Category									
Individual	Rs. 2,500/-								
Institutional	Rs. 5,000/-								
Corporate	Rs. 15,000/-								
Date: _____									
Receipt Number: _____									
Mode of Payment: _____									
Membership Number: _____									

Please post your filled-in membership form along with cheque/dd to the following address,

MOHAN Foundation, 3rd Floor, Toshniwal Building, 267, Kilpauk Garden Road, Chennai-600 010. India.

Phone: 044-26447000 Email: info@mohanfoundation.org Web: www.mohanfoundation.org