

PLANTERS WELFARE ASSOCIATION

APPLICATION FORM FOR MEMBERSHIP

Registered Office: D-247, Ground Floor, Defence Colony, New Delhi – 110024

Please fill up the form given below and forward this along with the Entrance Fee and Annual Subscription to the Hony. Secretary/ Hony. Treasurer, at the Registered Office address of the Association, given above. (Present 2022/23- Hony. Secy. Mr R.K. Patney 9810020533 rkpatney@gmail.com, Hony. Treasurer Mr. B. Chhabra 9818025579 bhushanchhabra27@gmail.com)

Please tick-mark the appropriate box:

A. CATEGORY

- | | | | |
|----|---|-----|-----|
| 1. | I am a Planter / Ex. Planter | (Y) | (N) |
| 2. | I am the son/daughter of a Planter/Ex Planter | (Y) | (N) |

B. LOCATION

- | | | | |
|----|--|-----|-----|
| 1. | I am resident in N.C.R. i.e., Delhi, Faridabad, Noida, Gurugram (NCR Member) | (Y) | (N) |
|----|--|-----|-----|

C. DUES

- | | |
|----|--|
| 1. | Membership fee Rs. 2,000/- (One time payment) |
| 2. | Annual Subscription: (Request to pay for 2 years at a time) |

NCR

500/-

OUTSTATION

200/-

Payment is to be made to Planters Welfare Association by Demand Draft/Cheque drawn on any bank in Delhi or by Cash or Bank Transfer *

* Bank details :

Name : Planters Welfare Association

S/B Account : 004601050068

IFC Code : ICIC0000046

Bank : ICICI Bank, New Friends Colony, New Delhi – 110025

Details of payments: Chq./DD #dateddrawn on

..... or

Bank Transfer details :.....

APPLICATION FORM

I wish to become a member of PLANTERS WELFARE ASSOCIATION and give below the required information:

1. Name :Age:
2. Married/Single (Mention name of spouse if married):
3. Present Address:.....
.....
.....
4. Telephone/Numbers: (Landline with STD Code):
(Mobile) :
5. Email:.....
6. Present Occupation:

Only applicable to Serving Planters / Former Planters

- a. Tea Company/s worked for:
- b. Present Tea Company (If still working):

I hereby agree, if accepted, I will be bound by the Memorandum & Articles of the Association and Bye-Laws of the Planters Welfare Association.

Date : Signature of Applicant :.....

Membership – Proposed by:..... Signature:.....

Seconded by : Signature:.....

For office use only:

Application for Membership

Category :*Planter / Planter's offspring / other*

Location: *NCR / Outstation*

Received onDate acknowledged

Accepted / Not Accepted Ref. ECM dated

Membership No.

Approved - Signed by Hony. Secretary Dated

