



ASSOCIATION OF ALLIANCE CLUBS INTERNATIONAL

MEMBERSHIP FORM

ALLIANCE CLUB OF			
NAME		MOBILE NO.	
QUALIFICATION		DATE OF BIRTH	
OCCUPATION			
BUSINESS ADDRESS			
REGD.			
CITY	STATE	COUNTRY	PINCODE
TEL.		EMAIL ID	
RESIDENTIAL ADDRESS			
CITY	STATE	COUNTRY	PINCODE
TEL.		EMAIL ID	
ASSOCIATED WITH OTHER SOCIAL ORGANISATIONS			
HOBBIES			
SPOUSE NAME		DATE OF MARRIAGE	
SPOUSE DATE OF BIRTH		SPOUSE EDUCATION	

Recognising the importance of rendering personal service to the community and in cooperation with other civic-minded persons and appreciating the opportunity forwarded to me to enjoy the good fellowship and prestige of ALLIANCE CLUB INTERNATIONAL, hereby accept the membership and will abide by the rules & regulations and will work to achieve the goals of the organisation.

DATE	SIGNATURE
PROPOSED BY (NAME)	SIGNATURE OF PROPOSER
ACCEPTED / REJECTED FOR MEMBERSHIP COMMITTEE	SIGNATURE OF CHAIRMAN
FOR BOARD OF DIRECTORS	SIGNATURE OF PRESIDENT/ SECRETARY