



Association of Alliance Clubs International

WE CARE

MEMBERSHIP AUGMENTATION

Application for Membership



First Name: _____

Last Name: _____

Gender: Male/Female Date of Birth: _____ Date of Marriage: _____

Spouse's Name: _____

PHOTO

Address: _____

City: _____ State: _____ Country: _____

Occupation: _____ Mobile: _____ Email: _____

Member Sponsor: _____

Please review qualification criteria and fees for the following:

I am a: ☐ New Member ☐ Former Member ☐ Transfer Member Member Number: _____
☐ LMF ☐ SLF ☐ PSLF

Previous Club Name: _____ Previous Club Number: _____

Enclosed Cash/Cheque No.....of.....of Rs.

for International, Multiple District, and club dues.

I accept membership into Association of Alliance Clubs International and that the standards are limited to persons of good moral character and reputation. I recognize the importance of rendering personal service to my community in cooperation with other civic-minded persons. I understand that membership is not valid until approved by the club's board of directors.

Date: _____

Signature: _____

FOR CLUB RECORD USE : this member for membership in this Club _____

Name & Signature of Sponsring Member _____



Association of Alliance Clubs International
D-502, Samridhi Luxuria Avenue
Sector-150, Sports City. NOIDA 201310
INDIA-Phone:(011)9849408885
website: www.aaci.in