



SENIOR CITIZENS CLUB

MEMBERSHIP FORM TO BE FILLED IN CAPITAL LETTERS

Name:

Age: Sex..... Blood Group.....

Address:.....

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Telephone No.....

Email ID.....

Hospital ID No. :.....

Date :

Signature

Note : Kindly enclosed 2 passport size photographs, proof of age and permanent address

(In the form of election card, passport, driving license, ration card etc.)

(Office use)

Membership No.:

Payment Details:

Cash/DD

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