



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/Dr _____

DOB _____ Gender: Male Female

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

Name:

Date:

Receipt Number:

Mode of Payment:

Membership Number:

Membership Fee

Category	
Individual	Rs. 2,500/-
Institutional	Rs. 5,000/-
Corporate	Rs. 15,000/-

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: +91-44-26447000 Email: info@mohanfoundation.org Web: www.mohanfoundation.org