



# ADI GURU SHANKARACHARYA TEMPLE AND ASTRAL GARDEN

B C-9 , Deshbandhunagar, Baguiati, Schoolpara, Kolkata, West Bengal, Pincode: 700059

Temple Address: Chatterjee Para, East West Bypass Road Side Island, Tikiapara, Howrah, West Bengal 711101

Tel : +91- 9831658624 | 9830228624 | Email Id: info@astrologyandastrologers.org

www.adigurushankaracharyatemple.org | www.astrologyandastrologers.org

ORGANISED BY:



ADI GURU SHANKARACHARYA TEMPLE AND SOCIAL DEVELOPMENT TRUST (Regd.) &  
ASTROLOGY & ASTROLOGERS WELFARE ASSOCIATION (Regd.) & SARBO BHARTIYA BRAHMAN PARISHAD



Photo

Life / Donor / Executive / General Membership Application Form

(All details to be filled in Block Letters)

Name: \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Profession: \_\_\_\_\_ Education : \_\_\_\_\_

Address (Permanent) : \_\_\_\_\_

Address ( Present ) : \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Id: \_\_\_\_\_

Gotro: \_\_\_\_\_ Website (if available) : \_\_\_\_\_

## Types of Membership:

☐

Life Member

☐

Donor Member

☐

Executive Member

☐

General Member

Member in any other organization (If Any) : \_\_\_\_\_

Your Message (If Any) : \_\_\_\_\_

I certify that all details/documents furnished are true. If my statement is found to be incorrect my membership would stand to be cancelled.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Receiver

Signature of the Applicant

Signature & Stamp of Authorized Person