



# ADI GURU SHANKARACHARYA TEMPLE AND ASTRAL GARDEN

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## 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