MEMBERSHIP FORM*

(To be filled with BLOCK LETTERS ONLY)

PHILATELIC SOCIETY OF UTTAR PRADESH

AFFIX RECENT PASSPORT SIZED PHOTOGRAPH

FIRST NAME:

MIDDLE NAME:

LAST NAME:

GENDER: MALE / FEMALE / THIRD **DATE OF BIRTH:** DDMMYYYY

MOTHER'S NAME:

FATHER'S NAME:

PERMANENT ADDRESS: LINE 01

LINE 02

LINE 03

DISTRICT:

STATE/UT: **PIN:**

(DON'T FILL IF ADDRESS IS THE SAME AS ABOVE)

TEMPORARY ADDRESS: LINE 01

LINE 02

LINE 03

DISTRICT:

STATE/UT: **PIN:**

EMAIL:

PHONE NUMBER: +91xxxxxxxxxx

WHATSAPP NUMBER: +91xxxxxxxxxx *(Repeat if same as above)*

***Before signing this membership form, I solemnly affirm that I will abide by all the rules & regulations.**

Signature of Applicant **Signature of Proposer** **Signature of Seconder**

(For office use)

APPROVAL STATUS: ACCEPTED / REJECTED

Date of Membership: DDMMYYYY

UID of Member:

UID of Proposer:

UID Seconder:

Signature of the Secretary General