

IWF MEMBERSHIP FORM

(Before filling the form, please read the instructions carefully)

India Water Foundation

FOR OFFICE USE ONLY

Received on	
Enrolled on	
Membership No.	
Category:	
Receipt No.	
Valid up to:	

To, India Water Foundation

I hereby apply for being enrolled as an ordinary Member of IWF in my individual capacity/on behalf of ------ (name of Corporate Body/Institution/Civil Society).

I have read the Rules & Regulations and agree to abide by them and to pay the Admission Fee/Annual Subscription as fixed from time to time. I understand that the decision of India Water Foundation regarding my application for membership will be final. I am hereby submitting Cheque/DD No. ------ dated ------ drawn on ------ in favour of India Water Foundation for Rs. ------

Date:

Signature of the Applicant

Proposer's Name:

Membership No.:

Category

Category of Membership Applied for

(Tick One)

Donor			
Corporate			
Associate Corporate			
Life			
Institutional	•••••		
Particulars of the Applicant:			
Name of applicant: M	/Ir/Ms.		
Nationality:	Sex: M/F	Date of Birth:	
Address:			
City:			
Pin:		State:	
Telephone Off.:			
Res: Fax:			
E-mail:			
Educational Qualifications:			
Profession:			
Membership of Academic/Professional Organizations (if any):			
In what manner you can help India Water Foundation:			

(You can use additional sheet in case of additional information) (To be filled in the case of individual members only)