



AMETHI JAN AKTA SAMITI

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MEMBER SHIP FORM

Name

Address.....

Zone..... City.....

State..... PIN Code.....

Profession..... Phone/Mobile.....

E/G-Mail
.....

I joined this society and work with honesty , if any mistake or behavior is done against society , my member ship/employment will be cancelled and legal administrative action can be taken against me according to rules of society.

MEMBER SIGNATURE

Please fill the above and signature on it,be part of our volunteer team and help us to serve better to our society .Send it to our Registered Office: 537/6B Mansarovar Park near (Mansarovar Metro station)Sahadra Delhi-110032,Email-ajanaktasamiti@gmail.com