

INSTITUTION OF AGROFORESTRY FARMERS AND TECHNOLOGISTS (R) VANAVIKAS, GROUND FLOOR, 18TH CROSS, MALLEHWARAM, BENGALURU – 560003 Ph: 080-23566126 Email: iaftbangalore@gmail.com Web: www.iaft.co.in

APPLICATION FOR MEMBERSHIP

To, Secretary, Respected Sir/Madam,

I desire to be a member of this organization. In this regard the membership fee marked below is Rs. (In letters Rs.: ______) paid through the bank'DD/Cheque no. ______ (Name of Bank: _______) Dated: ______ Attached. Online fee paid through NEFT/Phone Pe/Google pay). Request to accept the application. (Bank Details: Canara Bank, Account Holder Name: I A F T, SB Account No: 04242010115100, IFSC: CNRB0010424)

SI.No.	Membership Details	Admission Fee	(🗸)
1	Institutional Membership	25,000.00	
2	Patron Membership	20,000.00	
3	Life Membership	5,000.00	
4	Farmer Membership	2,000.00	
	(Attach RTC/Family Tree)		
		Members Details	
1	Name		
2	Profession		
3	Organization		
4	Permanent Address		
5	Village		
6	Hobali		
7	Taluk		
8	District		
9	Pin Code		
10	Mobile Number		
11	Email ID		
12	Aadhaar Number		

I hereby declare that I will abide by the rules and regulations of this organization.

Yours Sincerely

Signature

Date: Place:

Proposed Member

	Membership Number:	Signature:			
For Office Use					
Application received date	9:	Amount (Rs.)			
Receipt Number:		Admission date:			
Approved					
Secretary Co-President		President			