Membership Form

Date _____

Membership Type Single/Couple _____ Yearly/Life _____

Fees Paid (Rs) _____

Primary member _____

Associate member _____

Address _____

_____

_____

Contact Numbers Res _____ Off _____

Mob _____

Email _____

Musical background Proficiency (if any) _____

_____

Acknowledgement

Received from _____
A sum of Rs. _____ towards Single/Couple, Yearly/Life membership for the period _____.

For Shruti

_____

For further information please contact:
Mahesh Shah: 98206 97257
Arpita Mehta: 98193 97944