

**MEMBERSHIP APPLICATION AKURANA WOMEN'S WELFARE
ASSOCIATION (AWWA)**

Applicant Information

Name :

Address :

NIC No :

T. Phone No :WhatsApp No.....

Email address :

Declaration

I do declare that I will faithfully perform the activities of the society to achieve its objective by safeguarding its unity and privacy. Further I will keep myself away from the activities that ruin the goodwill of the society

Admission Fee :

Annual subscription :

Donation :

.....

Date

.....

Signature

TO BE FILLED BY AWWA

Membership No:

Members should be recommended by two current members.

Proposed By :

Seconded By :

.....

President

.....

secretary