# Lama Aruna Sanvidanaya

## ENROLEMENT FORM

Name : …… Age …….
……

Address : ……
……
……

Occupation :
……

Membership Fee : …… (Monthly / Annually )

Contact Nos . Residence : …… Office : ……..
Mobile:

Email : ……

I, the undersigned wish to enroll as a member of the LAMA ARUNA SANVIDANAYA in terms of its current Rules & Regulations. I undertake to extend my fullest support and cooperation towards the activities of the said Organization and to abide by the Rules & Regulations.

Date : …… ……
Signature

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( For Office use only)

Membership No :…….
Date Enrolled : ……

…… ……
President Secretary