

**MEMBER FORM**

NAME:

D.O.B:

ADDRESS:

CONTACT:

PHONE:

MOBILE:

EMAIL:

OCCUPATION:

ORGANISATION NAME:

DESIGNATION:

MEMBER TYPE: Advisory/ Patron / Donor / Volunteer

PROGRAMME:

□ Vikasana

□ Bandhan

□ Samuday samnayati

□ Samruddha Gram

□ Parisara Samrakshana

□ Sanskriti

□ Kalanjali

Brief on why you want to join Satya Foundation?

Your dreams that you want to merge with ours:

Your suggestions and Inputs:

Details of your Weekly / Monthly time that you can spare for Satya Foundation activities: