



Organization of Aware Saviours In Society (Regd. NGO)

## Life Membership Form

Stick  
Your  
Photo

Please fill in the following details in BLOCK LETTERS and send us 2 copies of your photographs with the form.

Full Name \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax. No. \_\_\_\_\_ Cell. No. \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Name of School/College (Mention Std.) \_\_\_\_\_

Name, qualification & profession of Father \_\_\_\_\_

Name, qualification & profession of Mother \_\_\_\_\_

Name of Brother(s) / Sister(s) (Mention standard & School) \_\_\_\_\_

Hobbies / Talents:

How did you come to know about OASIS?: Newspaper / Friends / Any Other  
Cancel unwanted.

Introduced By \_\_\_\_\_ Date of joining OASIS \_\_\_\_\_

I have read all the privileges and conditions and I agree to abide by them.

Child's Signature

Parent's Signature

### FOR OFFICE USE

MEMBERSHIP AMT RECD: \_\_\_\_\_ KIT GIVEN: \_\_\_\_\_

SESSION ATTENDED: \_\_\_\_\_ DATE OF ATTENDANCE: \_\_\_\_\_

SPECIFIC OBSERVATIONS: \_\_\_\_\_