Holy Holidays

गोवर्धन

www.holyholidays.co.in

MEMBERSHIP FORM

PERSONAL DETAIL:

Name :..... Surname .....

Father's / Husband's Name :.....

Mother's Name :.....

Date of Birth : ..... Sex : Male / Female

Marital Status: Married / Single Date of Marriage :.....

Educational. Qualification :..... Nationality .....

Languages Known : 1..... 2..... 3.....

Residential Address : .....

City : .....Pin : ..... State : .....

Phone No. (Res.) : ..... (Off.) : .....

Fax .....Mobile .....

E-mail .....

PROFESSION

Name of Organization : .....

Address : .....

City ..... Pin : .....State : .....

Position in the Organization : .....

Interests 1..... 2.....

Preferred mailing address: Home Business

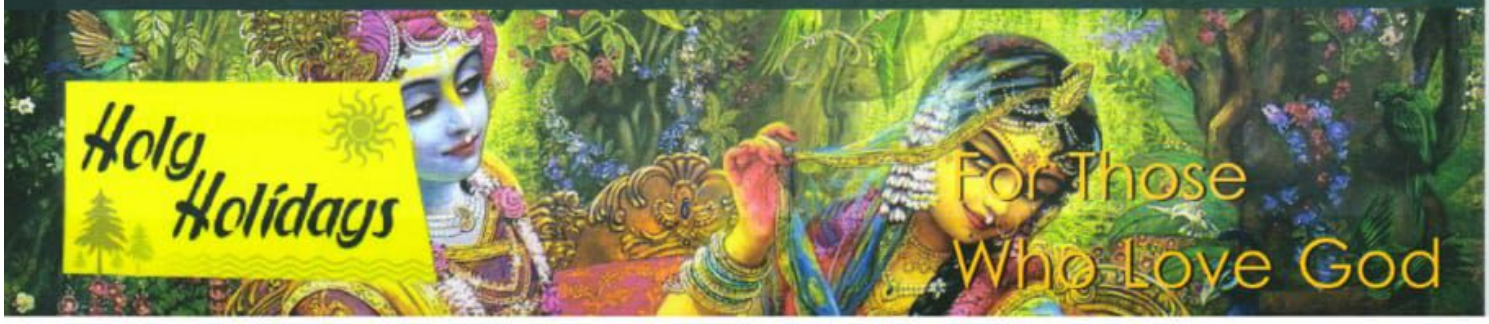
SPOUSE

Name :..... Date of Birth ..... No of Children.....

Name of Children: ..... Date of Birth : .....

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NOMINATION DETAILS

Please give details of the nominee who shall be entitled to utilize the balance period of the membership period.

Name Date of Birth Relationship Address

Please mention below any three references of your close associates

a) Name ..... Address.....

Phone (R) ..... (O)..... (M) .....

b) Name ..... Address.....

Phone (R) ..... (O)..... (M) .....

c) Name ..... Address.....

Phone (R) ..... (O)..... (M) .....

I confirm to abide by the Rules and Regulations/Terms and Conditions of Membership of Holy Holidays as mentioned hereinafter.

Date Signature of the Proposed Member

FOR OFFICE USE ONLY

Date of Interview .....

Remarks of Admission Committee : .....

Date of approval of the proposal by the management

Serial No. ..... Membership No. ..... Date of Issue .....

Amount received (in figures) Rs. .....

Rupees: .....

by Cheque / Draft No. Dated .....

Drawn on Bank..... Credit Card No. .....

Approved & Signed