



YAKSHAGANAKALARANGA (R) UDUPI.
MEMBERSHIP FORM

AFFIX YOUR
PASSPORT SIZE
PHOTO

MEMBERSHIP NUMBER.....

1. NAME OF THE APPLICANT :

2. ADDRESS :

3. WHATSAPP MOBILE PHONE NUMBER :

4. EMAIL :

5. PROFESSION :

6. DATE OF BIRTH :

7. ART AND OTHER HOBBIES IN WHICH YOU ARE INTERESTED AND INVOLVED:

I AM WILLING TO BE A GREAT PATRON/PATRON/LIFE MEMBER OF
YAKSHAGANAKALARANGA. WILL ABIDE THE RULES AND REGULATIONS OF
YAKSHGANAKALARANGA.

HERE WITH PAID THE MEMBERSHIP FEES OF RS.....
..... (_____) THROUGH NEFT/CHEQUE/CASH.

SIGNATURE OF APPLICANT.

RECEIPT NO:

REFERRED BY;

NAME: _____

MEMBERSHI NUMBER: _____

ACCEPTED MEMBERSHIP APPLICATION.

UDUPI:

DATE: