



RACHANA®

Catholic Chamber of Commerce & Industry

Registered Office: 4-3-306/43

First Floor, Pio Mall, Jail Road,

Bejai, Mangaluru 575004

Email: rachanamangalore@gmail.com

Website: www.rachanamangalore.com

Tel: 0824-2001188 Mob: 9141269230

RACHANA MEMBERSHIP APPLICATION FORM

To,
The Secretary
RACHANA
Catholic Chamber of Commerce & Industry
Door No.4-3-306/43, First Floor,
Pio Mall, Jail Road, Bejai,
Mangaluru 575004

Passport size Photo

Dear Sir/Madam,

(Please use CAPITAL letters)

I, _____ wish to be enrolled as a
member of RACHANA.

Please find enclosed herewith Cash/DD/Cheque No. _____ dated _____ drawn
on _____ against my **Admission Fee** Rs.100/- and

****Membership Fee** Rs. _____.

I also promise to pay yearly Rs.1000/- as **Annual Subscription Charges**.

I agree that the Memorandum of Association and other Rules & Regulations of RACHANA as amended from time to time shall be in all respect binding on me. ■

Date:

Signature of Applicant

RACHANA BANK ACCOUNT DETAIL FOR RTGS/NEFT ETC

BANK : THE MANGALORE CATHOLIC CO-OPERATIVE BANK LTD.	BANK : CANARA BANK
A/C NAME : RACHANA	A/C NAME : RACHANA
A/C NO : 002010100022135	A/C NO : 01002200008270
BRANCH : HAMPANKATTA	BRANCH : HAMPANKATTA
IFSC CODE : IBKL0078MCC	IFSC CODE : CNRB0010100

ISSUE CHEQUE IN FAVOUR OF : RACHANA

For information on other mode of payments, please call RACHANA Office

****Membership Fee:**

Corporate Membership	: Rs.25,000/-
Co-Operative Society/Partnership Membership	: Rs.25,000/-
Life Membership (Individual)	: Rs. 5,000/-
Annual Subscription Charges	: Rs. 1,000/-

Rev:rmaf/251/10-2021



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Personal details of Applicant (please use CAPITAL letters)

FULL NAME :	
DATE OF BIRTH:	
ADDRESS :	
	PINCODE:
MAILING ADDRESS:	
	PINCODE:
MOBILE NO:	WHATSAPP NO:
E MAIL:	WEBSITE :
QUALIFICATION :	
OCCUPATION: BUSINESS <input type="checkbox"/> PROFESSION <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> OTHERS <input type="checkbox"/>	
NAME AND STYLE OF YOUR OCCUPATION:	
GST NO. :	
PAN CARD NO.:	
ADHAAR CARD : (ATTACH A COPY)	BLOOD GROUP:
SPOUSE NAME:	
PARISH:	

I confirm all the information provided herewith is true and correct.

Date:

Signature of the Applicant

For office use only:

Name of the Proposer :	Membership No. of Proposer _____
Signature of the Proposer: _____	Date: _____
Presented at Governing Body Meeting held on : _____	at _____
Date: Admission/Rejection : _____	Reason _____
Membership No. _____	Date of Joining: _____
Payment Receipt No. _____	Date: _____
_____ President Name & Signature	_____ Secretary Name & Signature :