



KALANGAN MEMBERSHIP FORM

(Please write full details in the Membership Form)

Name of the Member: _____

Date of Birth: _____

Contact No:

Home: _____ Mobile: _____

Email Id: _____

Address: _____

Occupation: _____

Date of Membership:- _____

In what type you can help Kalangan to expand their work:-

Your Money:- _____ Your Art:- _____ Your Contacts:- _____

Your Time:- _____ Any Other:- _____

Enclosed a Donation of Rs. _____ towards "kalangan"

Cash/cheque no. _____

(Cheque to be made payable to Kalangan)

Signature,