

TELECOM WOMEN WELFARE ORGANISATION
ODISHA CIRCLE

MEMBERSHIP FORM

To

**The Secretary,
Telecom Women Welfare Organisation
Bhubaneswar.**

Dear Madam;

I Wish to become a member of your Organisation and hereby tender Rs. _____ as Annual Subscription . My other details are given below.

- (1) Name of the Employee :
Designation & Office :
- (2) Name of the Applicant and
her relationship with the Employee :
- (3) Interest , Hobbies etc. :
- (4) Residential Address and
Telephone Number :

DECLARATION

I hereby declare that I am above 18 years of age. I undertake to abide by the rules and regulations of the Organisation.

Date : _____

SIGNATURE OF THE APPLICANT

(FOR OFFICE USE ONLY)

The membership of the applicant has been accepted by the Managing Committee.

Dated : _____

SECRETARY
TELECOM WOMEN WELFARE ORGANISATION
ODISHA CIRCLE