



A National Movement for Women
Reg. No. : ER-294/04
www.shaktibharat.org.in

Please paste
your latest
picture here
and handover
one extra with
this form for id

MEMBERSHIP FORM

Name of District State:.....
First Name: Last name:.....
Email: Adhaar No
Phone: Whatsapp no
Communication address:
..... City State Pincode
Education profile:
Occupation/profession:
Professional address:

Subject of interest. Select all that apply.

Organization building
Social media promotion
Designing and creative work
Site management & IT
Content writing and translation
Legal issues & Advice
Fund raising

☐
☐
☐
☐
☐
☐
☐

Anything for mission.....

Other (pls specify).....

Work experience in organizational activities.....

Declaration

I have read the by-laws of Shakti and agreed to abide by the rules and regulations as amended from time to time. I have paid an amount of Rs only towards membership fees.

Date: Signature:

For Office use only

Life Membership

- Institutional 5000 INR ☐
- General 1000 INR ☐

Annual Membership

- Institutional 500 INR ☐
- General 150 INR ☐
- Student 100 INR ☐

Details of payment: By Cash /Cheque /DD Receipt No.:

Cheque No:

Drawn on & Branch: Dated:

M'ship recommended by Enrolled by:

Unit to which membership is allocated:

Effective Date of M'ship: Alotted M'ship Number:

Secretary/ Treasurer
SHAKTI