



MEMBERSHIP FORM

NAME:
OCCUPATION (if student specify Dept. and Year): DATE OF BIRTH:
SPOUSE NAME:
CHILDREN NAME(S):

Kindly affix a
recent, coloured
photo

POSTAL INFORMATION

ADDRESS FOR CORRESPONDENCE: ZIP:
CONTACT NO: EMAIL ADDRESS:
PERMANENT ADDRESS:
NATIVE CITY/VILLAGE: DISTRICT:

MEMBERSHIP TYPE (Put a Tick mark)

| | <u>Patron</u> | <u>5 Year Membership</u> | <u>Annual Membership</u> | <u>Life Membership</u> |
|--------------|----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| SINGLE | <input type="checkbox"/> 20000/- | <input type="checkbox"/> 5000/- | <input type="checkbox"/> 1500/- | |
| FAMILY* | <input type="checkbox"/> 20000/- | <input type="checkbox"/> 8000/- | <input type="checkbox"/> 2500/- | |
| STUDENT** | | | <input type="checkbox"/> 500/- | |
| NON-RESIDENT | | | | <input type="checkbox"/> 5000/- |

PAYMENT DETAILS

Net-Banking (NEFT) to 27790200000455
(IFSC BARB0BHUVAR) Bank of Baroda,
BHU, Varanasi. You may send cheque/draft
in favour of Varanaseya Utkal Samaj payable
at Varanasi. For payment in person, kindly
contact the General Secretary.

CONTACT US

Email ID: contact@odiasociety.org

Amiya Kumar Samal (Gen. Secretary)
Mob: +91-9580270209

JOIN US ON FACEBOOK
www.facebook.com/groups/vusbhu

(* As per the By-laws of our organisation, a **family** membership is applicable to a married couple along with their children under the age of ten. Other family members are either counted as guests or liable for separate membership fees. During any event, **guests** can accompany members only upon prior information and consequent invitation left to the discretion of the Executive committee.

** **Student** membership is valid under 30 years of age subject to submission of a valid student Identity Card.)

MISCELLANEOUS INFORMATION

| | |
|-----------------------|--|
| Your hobbies if any | |
| Talent if any | |
| How can you help VUS? | |

DECLARATION : I, hereby, sincerely pledge that I (and my family members if applicable) would like to become a member of Varanaseya Utkal Samaj at my/our own free will. I also declare that I have correctly filled in the form to the best of my knowledge. No VUS member will be liable for my (and my family's if applicable) discontentment, dissatisfaction or any problem with VUS.

| | |
|------------|--|
| Signature: | |
| Date: | |

Net-Banking transaction Banking deposit
 Demand Draft Cheque

Receipt/cheque no/draft Dt