Form X - Membership Application form

Membership	No.	

(To be filled by Office Staff)

To,

The President / Secretary

Omaxe Heights (Faridabad) Resident Welfare Association Omaxe Heights, Sector-86, Faridabad

Subject: Application for admission as a Member of Omaxe Heights (Faridabad) Resident Welfare Association.

Affix your passport size recent photograph here

Dear Sir / Ma'am,

I wish to apply for admission as a member of Omaxe Heights (Faridabad) Resident Welfare Association. My particulars are as follow:—

A.	APPLICANT'S AND APARTMENT'S DETAILS				
1.	Name of the Applicant:				
2.	Father's / Husband's Name:				
3.	Permanent Address:				
4.	Correspondence Address:				
5.	Date of Birth:	Blood Group:			
6.	Qualification:	Tower Name:			
7.	Occupation:	Flat No.:			
8.	Caste:	Email ID:			
9.	Mobile No.:	Date of shifting-in the apartment:			
10	PAN No.:	Super Area of Apartment			

В.		FAMILY DETAILS					
S. No.	Name	Date of Birth	Relation with applicant	Occupation	Caste	Qualification	Blood Group
1.							
2.							
3.							
4.							
5.							

I am enc	losing herewith the following docur	ments:—		
1 l	dentity Proof :	Ownership Proof		
	DD / Pay Order / Cheque No	dated	for Rs	drawn in
	avour of ' <u>Omaxe Heights (Farida</u>			
3. (One passport size photograph .			
I certify the	hat:—			
1.	I unconditionally subscribe to Association and contribute towards	•	naxe Heights (Faridabad) F	Resident Welfare
2.	I will abide by the Byelaws, No Resident Welfare Association,			ights (Faridabad)
3.	I have not been convicted of ar	• • •		
4.	I promise to maintain decorum language. I promise to be po manner and respect all individu	lite towards other members of		
5.	If I am found disturbing the dec passing personal remarks ag disciplinary action against me membership, without recourse	corum of meetings, using rude gainst another member, the , including issuing show caus	Executive Committee can	take suo-motto
6.	I will not carry out any comme failing which the RWA may initi	ercial activity from my flat, whi		
	you to kindly admit me as an ord	linary / honorary member of C	maxe Heights (Faridabad) I	Resident Welfare
	w 在 医	OF STREET, STR	Yours faithfully	E STATE OF THE STA
Date: Place:		THE PERSON NAMED IN		
		Decision of the Governing Bo	ody	1 15 6 7
Sh / Sm	(To	be filled by the President / Secre	etary)	7
311. / 3111	t. / IVIS.	aged vears R/o	J / VV/O / D/O	Maria Company
	t. / Ms.	aged years 100	is admitted as	3000
	of Omaxe Heights (Faridabad			
Members	ship Nov d on			
	may be issued an identity card of Centered in the Register of Members	• '	sident Welfare Association a	and his/her name
,	J			
Reason i	f membership denied:—			
Date:			Signature of Secretary / Pre	sident

Place: FARIDABAD