

ANNUAL SUBSCRIPTION FORM – 20__ - 20__

Membership Number:_____ Mobile No:_____

Member's Name:_____

Flat No.:_____ Tower Name: _____

Email ID:_____

Please accept my OHRWA Annual Membership Subscription fee of Rs. _____ for the year _____

Payment Details:

Annual Subscription Fee Rs. _____

Interest Rs. _____

TOTAL Rs. _____

UPI/ Cheque / NEFT No.:_____ Date: _____

Bank Name:_____.

Member's Signature:

Date:

CASH IS NOT ACCEPTED