



Contact details:
goans@kgabangalore.com
kgasecretary@gmail.com

MEMBERSHIP FORM

KGA ID NO.

(Please use BLOCK letters & space your words as required)

- Life Member (Rs. 1000/-) Donor Member (Rs. 5000/-) Patron Member (Rs. 10000/-)
 Non-Goan Associate Member (Rs. 1000/- **per year**)
 Goan Associate Member (Rs. 500/- **per year**) Student Member (Rs. 100/- **per year**)

DECLARATION

I, Mr/Mrs/Ms/Dr/Brig

born on (dd/mm/yy) son/daughter of

hereby, declare that I am a GOAN of blood group and that at least ONE of my parents / grandparents is a GOAN, hailing from the address in GOA given below:

Village: Vaddo:

Town: District: Post Office:

CONTACT DETAILS

Present Postal Address: Flat/House no.: Floor Bldg/House name:

Block/Street/Road:

Area: City: Pincode:

Email: Home no.: Mobile no.:

OTHER DETAILS

Profession/Occupation:

Talents/Hobbies/Interests:

I, hereby, confirm that all the above mentioned details are correct and to the best of my knowledge.

Applicant

Proposed by (Name)

Seconded by (Name)

Date:

KGA ID:

KGA ID:

FOR OFFICE USE ONLY

Amount received: KGA Receipt No.: Date:

Approved by the Managing Committee

PRESIDENT

DATE:

FAMILY DETAILS

(Please enter FULL NAME & COMPLETE details of family members)

SPOUSE DETAILS

Mr/Mrs/Ms/Dr/Brig:

Profession: Birthdate (dd/mm/yy): Blood group:

CHILDREN DETAILS

Child 1:

Male/Female: Birthdate (dd/mm/yy): Blood Group:

Child 2:

Male/Female: Birthdate (dd/mm/yy): Blood Group:

Child 3:

Male/Female: Birthdate (dd/mm/yy): Blood Group:

Child 4:

Male/Female: Birthdate (dd/mm/yy): Blood Group:

Child 5:

Male/Female: Birthdate (dd/mm/yy): Blood Group:

Child 6:

Male/Female: Birthdate (dd/mm/yy): Blood Group:

PLEASE NOTE

This form along with the Cheque /DD favouring "Karnataka Goan Association" should be handed over to any of the Committee Members

Or mailed to: Wilma Pereira

11\1 Cambridge Road, 2nd Cross, Ulsoor, Bangalore- 560008