

NEW MEMBERS

YEAR 20 -20

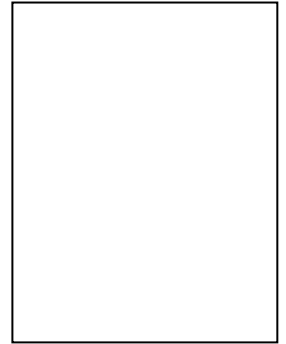
CRAFTS COUNCIL OF TAMIL NADU

MEMBERSHIP FORM

(Please fill the form in block letters)

NAME:

ADDRESS:



TELEPHONE NUMBERS: Office:

Residence:

Mobile:

EMAIL:

DATE OF BIRTH:

MEMBERSHIP IN OTHER ORGANISATIONS:

INTERESTS AND HOBBIES:

MEMBERSHIP FEE PAID BY CHEQUE/D.D/CASH:

PROPOSER'S NAME:

DATE:

SIGNATURE