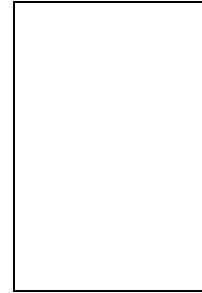


# MEMBERSHIP FORM

To,  
The President,  
Mira-Bhayandar Advocate's Association,  
Bhayander (W).  
Dist. Thane.



Sir,

Please, enroll me as member of your Association. My details are as follows:

NAME : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

ADDRESS (RESI) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(OFF) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT DETAILS : Resi: \_\_\_\_\_, Off: \_\_\_\_\_

Mob: \_\_\_\_\_, Email: \_\_\_\_\_

PRACTISING AT : \_\_\_\_\_

DATE OF SANAD : \_\_\_\_\_

SIGNATURE & DATE : \_\_\_\_\_