

AMBEDKAR KING STUDY CIRCLE, CALIFORNIA, USA – MEMBERSHIP FORM



Office Use

PERSONAL DETAILS				
FIRST NAME				
LAST NAME				
GENDER				
AGE	17-25	26-35	36-65	Above 65
CITY & STATE (USA)				
CITY & STATE (Home Country)				
OCCUPATION				
E-MAIL				
CONTACT NUMBER				
MARITAL STATUS				

MEMBERSHIP DETAILS WITH OTHER ORGANIZATIONS	
MEMBER OF ANY OTHER ORGANIZATION (POLITICAL OR NON-PROFIT)?	YES / NO (IF YES PLEASE FILL THE BELOW BOXES)
NAME OF THE ORGANIZATION	
RESPONSIBILITY / POSITION	

Declaration:

I agree with the constitution of AKSC and all the above information are true to the best of my knowledge.

Yours Sincerely

(Signature)