



THE RICHMOND FELLOWSHIP SOCIETY (INDIA)

for Community Mental Health-Training Centre in Therapeutic Community

- Society for Charitable Cause
- Registered under the Societies Registration Act 1860 (Reg. No. S-16800)
- Donations exempted under Section 80G
- Foreign Contribution Regulation Act of 1976

Please affix
recent
Passport size
Photograph

Application No. _____

APPLICATION FORM FOR MEMBERSHIP OF THE SOCIETY

Please Type or Print in CAPITAL LETTERS

I wish to apply for Ordinary Member/ Associate member of the Society

Tick the Branch you wish to join as a member

Branches:

- RFS(I) Bangalore:** "ASHA", 501, 47th Cross, 9th Main, V Block, Jayanagar, Bangalore - 560 041; Tele: (080) 26645583/22446734
E-mail: rfsbangalore@gmail.com
- RFS(I) Delhi:** "VISHWAS", 30/3, Knowledge Park III, Greater Noida,-201308 (U.P); Tele: (0120) 2323811 ; Mobile: 9717126009,
E-mail: rfsdelhi@gmail.com ; Web: www.rfsdelhi.in
- RFS(I) Sidlaghatta:** "PRAGATHI" Rural Centre, Belluti Village, Jangamakote Road, Sidlaghatta Taluk, Chickaballapur Dist.,
Karnataka. Tele: 08158-254080; Mobile:9845872374;E-mail: rfspragathi@gmail.com
- RFS(I) Lucknow:** 'Nav Uday' Mansik Swasthya Sansthan, Viraj Khand-5, Gomti Nagar, (Behind Divine Heart Hospital), Lucknow-226010. Tele:0522-272-8998; Mob:09450412974; Email: rfslucknow@gmail.com/mradulanil@yahoo.co.in; Web: rfslucknow.com

Name (in block letters): Mr./Ms./ Dr. _____

Date of Birth & Age: _____ Nationality: _____, Qualification: _____

Profession (Work experience / background): _____
(Including Social Service if any)

If you are a Member with similar /social service organisations, please mention _____

Income Tax PAN Number: _____

Address for communication: (in block letters) _____

_____ City: _____ Pin Code: _____

Tele. No. (With City code): _____, Email : _____

Mobile No.: _____ Fax: _____

Permanent Address (in block letters) _____

_____ City: _____ Pin code: _____

Tele. No. (With City code): _____, Email : _____

Mobile No.: _____ Fax: _____

I agree to abide by the Rules and Regulations as set out in accordance with the Memorandum of Association and Rules of the Society. I am tendering the Membership fee of ₹ _____ by Cash / D.D./ Cheque No. _____ dated _____ drawn on _____

Signature: _____

Date: _____

Application of Sri. / Smt. _____ is endorsed by the following existing member.

1. Name & Address: _____ Signature: _____

2. Name & Address: _____ Signature: _____

3. Name & Address: _____ Signature: _____

Receipt No. _____ dated: _____ Amount Paid: _____

Recommended & accepted at the Governing Council Meeting held on _____.

FORWARDED TO,

**THE SECRETARY GENERAL,
The Richmond Fellowship Society (India)
'USHA KIRANA', 406-A/10,
7TH MAIN ROAD, II BLOCK,
JAYANAGAR,
BANGALORE – 560 011.**

Terms and Conditions:

- 1. Membership fee paid is non-refundable and the membership is non-transferable.**
- 2. Membership to the Society shall cease for any the following reasons**
 - i. Written resignation letter addressed to the Secretary of the Branch without any precondition.
 - ii. Death of Member
 - iii. Member not responding to 3 registered letters
 - iv. Not attending without taking leave for absence, 3 consecutive meetings of the General Body
 - v. In the event of winding up of the branch, the members of the Society enrolled under that Branch.
 - vi. Disqualification - A member shall be deemed to have become disqualified, if in the view of the relevant Governing Council, expressed by a resolution passed by a majority of the Governing Council members, he /she is of unsound mind, or has worked against the aims and objects of the Society, his membership ceases to be in the interest of the Society.
 - vii. Member is adjudged an insolvent by a court of competent jurisdiction.
- 3. Please attach address proof such as Voters id / Aadhar card, etc**