



BHARTIYA LOKTANTRIK JAN KALYAN SANSTHA (Membership Form)

Office: Rohini Sector-22, House No, 7-8, Pocket-17, New Delhi 110086
website : www.bljks.org | E-mail ID : info@bljks.org | M. : 9217239292

1. Applicant Details

Applicant Name : _____
 Father's / Husband's Name: _____
 Date of Birth : ____ / ____ / ____ / ____
 Gender: Male Female Other
 Aadhar Number: _____
 Email ID : _____

2. Permanent Address

House No. : _____
 Street / Locality _____
 City : _____
 Pin Code : _____

3. Type of Membership

Ordinary Member Executive Member Lifetime Member Patron

4. Purpose & Joining the Organization

5. Bank Details

Account Holder Name : _____ Bank Name : _____
 Account Number: _____ IFSC : _____

6. Nominee Details

Nominee Name : _____ Relation with applicant : _____
 Date of Birth of Nominee : ____ / ____ / ____

7. Declaration

I hereby declare that all the information provided by me is true and correct to the best of my knowledge. I agree to follow the rules regulation of the organization.

Date: ____ / ____ / ____

Place : _____
 Signature :

INTRODUCER ID
 Signature :