M	hip	no	. all	ott	ed																					
F	Bangiya Sanskritik Sangha Youth Auxiliary Wing <u>MEMBERSHIP FORM</u>																Affix Photograph									
Th Ba	To, The Secretary Bangiya Sanskritik Sangha (Youth Auxiliary Wing) Secunderabad.																									
Ιv	Sir, I wish to become a Member of the above Sangha from the month of and I promise to abide by the Rules and Regulations of the Sangha.																									
Name																										
Date of Birth D D M M 19 M												F														
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	Membership amount paid. Dated: (Amount for members 18 and above ₹501.00, below 18 years ₹301.00 / Year)																									
	Pre	esio	den	t / G	G. Se	cre	tary	7				7	rea	asure	er			-	I	Men	ember's signature					