email: tdpfsidk@gmail.com
web: thethodupuzhafilmsociety.in

the thodupuzha film society
ലോകസിനിമയിലേയ്ക്ക് ഒരു ജാലകം

APPLICATION FOR MEMBERSHIP

Name

Age Sex Male Female

Date of Birth

Address

Pin

PHOTO

Mobile WhatsApp

Email .....

Occupation .....

Proposed by ..... Membership No .....

I intend to become a member of your organization. I endorse the aims and objectives of The Thodupuzha Film Society and here by undertake to abide by its rules and regulations.

Yours Sincerely

Place:

Date: Signature

FOR OFFICE USE ONLY

Application received on ..... Membership approved on .....

Membership No. ..... Rs. 400/- Vide receipt No. .....

Secretary