

Women Consumer Protection Association (Regd. No. 35/99)
No.81, Alagar Nagar 5th Street, K.Pudur, Madurai-625 007.

Form of Application for Membership (Women only)

- 1) Name of the applicant :
- 2) Age / Date of birth :
- 3) Religion & Mother tongue :
- 4) Educational qualification :
- 5) Present postal address :
- 6) Permanent postal address :
- 7) Contact No & E-mail ID :
- 8) Present occupation :
- 9) Name of father / spouse :
- 10) Occupation of father / spouse :
- 11) Are you already a member of any
NGO/VCO/Professional Organization/
Trade Union?
- 12) If yes, please give details and length of such
membership :
- 13) Are you a member of any Political party or
any caste-based organization? Do you hold
any post in the party or the organization?
- 14) In what field of Social service you are
interested in?
- 15) How much time you can spare for the activities
of the association?
- 16) What kind of membership you desire?
Ordinary Member or Life member?

Place :

Date :

Signature of applicant.

(Admission and membership fees will be advised to you after the Executive Committee endorses your membership. Membership will be confirmed after payment of the fees).