



# SJA Alumni Association®

BONDING JOSEPHITES ACROSS THE GLOBE

## MEMBERSHIP ENROLMENT FORM

For Official Use

File No. \_\_\_\_\_ Page No. \_\_\_\_\_ Membership No Allotted: SJA-A \_\_\_\_\_

(Please furnish the information in BLOCK Letters ONLY)

Name: \_\_\_\_\_

Father / Husband Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

Email ID: \_\_\_\_\_

Telephone Number(s): (Off) \_\_\_\_\_

(Please mention STD code also) (Res) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Permanent Address:

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ PIN \_\_\_\_\_ Country \_\_\_\_\_

Postal Address (If different from above):

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ PIN \_\_\_\_\_ Country \_\_\_\_\_

Tenure at SJA: From (year) \_\_\_\_\_ to (year) \_\_\_\_\_

From (Class) \_\_\_\_\_ to (Class) \_\_\_\_\_

Index No. of School Leaving Examination: \_\_\_\_\_ (Please attach proof of studying in SJA)

Qualification: \_\_\_\_\_ Occupation: \_\_\_\_\_

Married: (Yes/No): \_\_\_\_\_

Date of Anniversary: \_\_\_\_\_ (DD/MM/YYYY) Name of Spouse: \_\_\_\_\_

Name of Children(s): \_\_\_\_\_

Areas of Interest/ Specialization: \_\_\_\_\_

Any other Information: \_\_\_\_\_

### Declaration

I shall abide by the Memorandum of Association and Rules & Regulations of the Association. I also declare that the above information is correct to the best of my knowledge and belief. I further declare that the amount of Membership/Joining fee should be taken and treated as contribution towards the Corpus fund of the association.

Dated: \_\_\_\_\_

Signature \_\_\_\_\_

### Note:

Please forward a payment in favor of 'SJA Alumni Association' by Cash/Cheque/Demand Draft etc payable at Par at Dehradun to cover Membership/Joining fee and Life Time Subscription Charges or Annual Subscription as per the prevailing fee/Subscription charges defined in Clause 5 of the Rules & Regulations of the Association.

(Your membership shall be regularized subject to scrutiny of the form and realization of Membership/Joining fee and Subscription.)