



VELMOC FOUNDATION

Chennai

E-mail: info@velmoc.org Website: www.velmoc.org

MEMBERSHIP APPLICATION FORM

I Mr. / Ms. _____ Chairperson /
Director / Chief Executive Officer / Owner on behalf of the organisation
_____ wish to apply for
membership of VELMOC Foundation. I state that:

- 1) We comply with the terms and conditions of VELMOC Foundation.
- 2) We have filled and enclosed the membership application form of VELMOC Foundation.
- 3) We subscribe to the aims and objects of VELMOC Foundation.
- 4) Mr. / Ms. _____ has been nominated as the authorised representative of our organisation to VELMOC Foundation.

Checklist for application form (Please tick):

1. Filled-in membership application form	
2. A cheque / DD for Rs. 4000/- towards membership fee in favour of VELMOC Foundation payable at Chennai	
3. Copy of Memorandum of Association / Article of Association.	
4. Copy of Authorised representative Id proof	
5. Copy of Authorised representative address proof	

We request you to consider our application and grant Us membership in VELMOC Foundation.

Date:

Signature with seal

Place: