



# Retired Officers Welfare Society

18- C, OCS APARTMENT, Mayur Vihar Phase I, Extension, Delhi 110091

## Associate Membership Application Form

Name of officer			
Employee No. / (Membership No.)			
Designation / Grade			
Place of posting	Division	Unit	Location
Date of superannuation			
Payment unit			
Address for correspondence	Lane-1		
	Lane-2		
	City		
Email address			
Contact No. (Land line/Mobile)			
Membership fee	Rs. 2500/- (Rupees Two thousand five hundred only) <input type="radio"/> Paid by cash <input type="radio"/> Paid by DD/Cheque (No.....) <input type="radio"/> Paid online (Txn. No.....)		
Declaration	I hereby acknowledge that I have read and understood the Memorandum of Association and Rules & Regulation of the Society and I agree to abide by them. Please accept this as my application for Associate* membership in the society as per particulars given above.		
Date..... Signature .....			
Approved as Associate member and recorded in the Membership Register at Sl. No.....			
(President)		(Secretary)	
*Shall get automatically enrolled as Member upon superannuation from the service. Just inform us.			