

# **KERALA CATHOLIC BIBLE SOCIETY**

REF NO. E.R.649/91

## **PASTORAL ORIENTATION CENTRE**

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### **APPLICATION FOR MEMBERSHIP**

\* indicates required fields

1	Name of the Applicant: *	
2	Category: *	<input type="checkbox"/> Individual <input type="checkbox"/> Institution <input type="checkbox"/> Association <input type="checkbox"/> Parish
3	Permanent Address with Pin code: *	
4	Phone Number with STD Code:	
5	Mobile Number:	
6	Email Address:	
7	Diocese: *	
8	Parish: *	
9	Address for correspondence: *	
	If Individual *	
10	Male/Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
11	Date of birth & Age:	(dd/mm/yyyy) yrs
12	Father/Husband's Name:	
13	Your Passport Photo (required if you need an ID card with photograph)	
	Else *	
14	Name of the Authorised Person:	
15	Designation:	
16	Type of Membership: *	<input type="checkbox"/> Ordinary Membership <input type="checkbox"/> Special Membership <input type="checkbox"/> Life Membership <input type="checkbox"/> Special Life Membership <input type="checkbox"/> Sponsor Life Membership
17	Amount and Method of remittance: *	
	<b>PLEDGE</b>	
	I hereby pledge that as I receive the Membership, I will be abiding by the rules and regulations of the Society and work for the benefits of the Society	
	Signature of the Applicant	
	Place: *	
	Date: *	
<b>FOR OFFICE USE</b>		
18	Date of Membership:	
19	Receipt No:	
20	Membership Register no:	Secretary Chairman