

FOR OFFICE USE ONLY	M-					
MEMBERSHIP NO.						
DATE				2	0	
RECEIPT NO.						

LIFE MEMBERSHIP APPLICATION FORM

The General Secretary,
Bank of India Retirees' Association (Maharashtra & Goa),
C/o. Bank of India Officers' Association,
Bank of India Building, III floor,
70-80, Mahatma Gandhi Road, Fort,
Mumbai – 400 023

Dear Sir,

Please enroll me as a **LIFE MEMBER** of the Association. My personal details are as under :

Shri./Smt.																		
	(SURNAME)				(FIRST NAME)				(MIDDLE NAME)									
Date of Birth	D	D	M	M	Y	Y	Y	Y										
Spouse Name																		
	(SURNAME)				(FIRST NAME)				(MIDDLE NAME)									
Date of Birth	D	D	M	M	Y	Y	Y	Y										
Address:																		
	Pincode :																	
E-Mail:																		
Landline Tel:					Mobile No.													
P. F. No.					Date of Retirement													
Pension Paying Branch Name:																		
Pension Savings Bank A/c. No.																		

I assure all co-operation and support for the cause of our Association and agree to abide by its Constitution, Rules and Regulations, on enrolling me as Life Member.

I enclose herewith a Cheque No. _____ Dated _____ for Rs.1250/- drawn on _____ favouring **Bank of India Retirees Association** (Maharashtra & Goa)

(Signature) _____

Place _____

Date _____

(Note: You may attach copy of first page of Pension Book if you have received the same)
You may send this form & cheque by ORDINARY post to our registered office address