St. John Ambulance, Orissa

ORISSA STATE CENTRE
Bhubaneswar - 751001

APPLICATION FOR MEMBERSHIP

To

The Honorary Secretary,
St. John Ambulance
Orissa State Centre,
Bhubaneswar - 751001

Sir,

I Sri / Smt./ Miss .....desire to become a ..... of the St. John Ambulance and pay herewith a sum of Rs..... (Rupees .....) only on account of the membership subscription for the year.....

Further I pay a sum of Rs. .....as donation.

Sponsored by :

Name and Signature

.....

Address :

.....

.....

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Telephone No. :.....

(Mob) :.....

Yours Faithfully,

Signature

Name :.....

Profession .....

Address :

(i) (Official)

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(ii) Residential :

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.....

.....

Telephone No. :.....

(Mob.).....

Membership Category	Subscription	
1. Patron	Rs.	10,000.00
2. Vice-Patron	Rs.	5,000.00
3. Life Member	Rs.	500.00
4. Life Associate	Rs.	250.00
5. Institutional Member (Annual)	Rs.	1000.00
6. Annual Member	Rs.	50.00
7. Annual Associate	Rs.	10.00