



SATYAJIT RAY FILM SOCIETY

Reg. No. TVM/407/2017

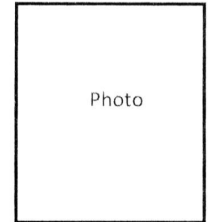
TC 82/523/5, Athiyara Madom Lane, Vanchiyoor, Thiruvananthapuram

Email: srf2017@gmail.com

www.satyajitrayfilmsociety.com

APPLICATION FOR MEMBERSHIP

Golden Membership /Board of Directors /Board Members/ordinary Members



1. Name of Applicant(In Block Letters) :
2. Professional Name :
3. Profession :
4. Name of Father/Mother :
5. Permanent Address :
6. Present Address :
7. Phone No. :
8. Mobile No :
9. Email ID :
10. Age and Date of Birth :
11. Blood Group :
12. Educational Qualifications :
13. Professional Details
 - i) Nature of working :
 - ii) Full time/Part time :
 - iii) If part time, mention the main profession :
 - iv) Experience in Cinema/Television/Others :

- 14. Are you a member in any other Organisation :
- 15. If yes, mention the details :
- 16. Name and address of a known person in the field who have contact with the applicant :
- 17. Name and address of the SRFS member under whom the applicant now working :
- 18. Recommended by (Name & Signature of BOD) :
- 19. Details of Family members

Sl. No.	Name	Relation	Birth date	Important Day

I declare that, the above particulars furnished by are true and I agree to abide by the constitution and the bye-laws of SRFS.

Place:
Date:

Name & Signature of the Applicant

Office Use only

Decision of the SRFS Board

Applicant Accepted/Rejected in the meeting held on date.....

Receipt No.
Validity :
Register No:
Membership No.:

Registration Fees:
Date:

Cash received
(Treasurer)

Verified by: Membership Director

I.....is admitted as the member of SRFS as per the rules and regulations of the Society.

Place:
Date:

Chairman

Note: Please enclose two recent stamp size photographs and Aadhar ID with the application.