Membership No. :	Α	
Associate Family Membership No. :	Е	

STATE BANK OF INDIA PENSIONERS' ASSOCIATION (CHENNAI CIRCLE) (Regd. S.No. 175/84 & 21/2014 under Tamil Nadu Act 27 of 1975) State Bank Building, 84, Rajaji Salai, Chennai - 600 001. Ph.: 044-25223617 / 044-25243617

To The General Secretary State Bank of India Pensioners' Association (Chennai Circle) Chennai - 600 001.

AFFIX MEMBER AND SPOUSE COMBINED

(President / General Secretary)

		Photo
	APPLICATION FOR LIFE MEMBERSHIP /	ASSOCIATE FAMILY MEMBERSHIP
Dear S	Ntu .	
	I / We the undersigned	(In capital letters)
Associ	oner(s) of the State Bank of India hereby apply for Life iation. I / We declare that I / We have read and understood dertake to abide by the same with whatever alterations /aro time. I / We will pay additional Contribution / Donation	e Membership / Associate Family Membership of the I the Constitution and Bye-laws of the Association and I / mendments and / or modification that may be made from
Assoc	que / Draft for Rs. 5,000/- (Rs. 2,500/- for Life Member iate Family Membership and Admission Fee of Rs.200/- the Life Membership for me and my spouse is enclos	Life Subscription of Elders Voice Magazine Rs. 1800/-)
01.	Name of the Pensioner (Capital Letters) :	
02.	Name of the Spouse (Capital Letters) :	
03.	Residential Address (Capital Letters)	
	Pinco	de
04.	Telephone / Mobile No:	Date of Birth
05.	Date of Joining the Bank :	Date of Retirement
06.	Branch Last Served :	Position Held :
07.	Provident Fund Index No. :	
08.	Name of the Pension drawing branch :	
09.	Whether a member of Mutual Welfare Scheme :	
10.	E-Mail Address :	
11.		for Rs Drawn on
. >	favouring SBI Pensioners Assn. (C.C.)	
Plac	AND ADDRESS TO A STATE OF THE S	
Date	e :	
	(Signature of the Pensioner)	(Signature of the Associate Family Member)
	(FOR OFFIC	E USE) Admitted
Dat	e:	(Drasidant / Consest Session)