

Membership No. :

A

Associate Family Membership No. :

E

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
PHOTO

APPLICATION FOR LIFE MEMBERSHIP / ASSOCIATE FAMILY MEMBERSHIP

Dear Sir,

I / We the undersigned
(In capital letters)

Pensioner(s) of the State Bank of India hereby apply for Life Membership / Associate Family Membership of the Association. I / We declare that I / We have read and understood the Constitution and Bye-laws of the Association and I / We undertake to abide by the same with whatever alterations / amendments and / or modification that may be made from time to time. I / We will pay additional Contribution / Donation whenever required.

A Cheque / Draft for **Rs. 5,000/-** (**Rs. 2,500/-** for Life Membership Fee for Pensioners and **Rs. 500/-** towards fee for Associate Family Membership and Admission Fee of **Rs.200/-** Life Subscription of Elders Voice Magazine **Rs.1800/-**) being the Life Membership for me and my spouse is enclosed.

01. Name of the Pensioner (Capital Letters) :
02. Name of the Spouse (Capital Letters) :
03. Residential Address (Capital Letters).....
.....
..... Pincode
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. Encl.: Cheque / Draft No.....dt..... for Rs. Drawn on.....
favouring SBI Pensioners Assn. (C.C.)

Place :

Date :

.....
(Signature of the Pensioner)

.....
(Signature of the Associate Family Member)

(FOR OFFICE USE)

Admitted

Date :

.....
(President / General Secretary)