



St John Ambulance, Odisha

ODISHA STATE CENTRE
Bhubaneswar - 751001

APPLICATION FOR MEMBERSHIP

To

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

Sir,

I Sri / Smt. / Missdesire to become a 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:

Yours Faithfully

Signature

Name and Signature

Name:.....

Address:

Profession.....

Address:

(i) (Official)

Telephone No. :

(ii) Residential:

(Mob):.....

Telephone No. :

(Mob.).....

Membership Category

1. Patron
2. Vice-Patron
3. Life Member
4. Life Associate
5. Institutional Member (Annual)
6. Annual Member
7. Annual Associate

Subscription

- | | |
|-----|-----------|
| Rs. | 10,000.00 |
| Rs. | 5,000.00 |
| Rs. | 500.00 |
| Rs. | 250.00 |
| Rs. | 1000.00 |
| Rs. | 50.00 |
| Rs. | 10.00 |