



## ALLIANCE ORCHID SPRINGS FLAT OWNERS ASSOCIATION

Reg.No.219/2011

1106, MAPLE BLOCK , ALLIANCE ORCHID SPRINGSS  
54, WATER CANAL ROAD,KORATTUR,CHENNAI-600 076

Phone Nos: **PRESIDENT: 9940282651**    **SECRETARY: 9940157157**  
**TREASURER: 8667517487**

### MEMBERSHIP APPLICATION FORM

Membership Number:

TYPE OF MEMBERSHIP: LIFE MEMBER/ANNUAL SUBSCRIPTION

{Kindly fill in legibly & in BLOCK letters only }

1.Name/s of the owner/s a)Single Owner  b)Joint owners  In case of Joint ownership, only one of the owners will become a member and his or her photo to be affixed.	Photo of Owner  <div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"></div>
2.Sex (Male/Female)	
3.Occupation	
4.Father/Spouse Name	
5.Block Name	
6.Flat No	
7..Mobile Number	
8..Land line Number	
9..Email Id	
10.Date of Birth	
11.Nationality(Indian/NRI)	
12.Flat Area in Sq.ft	
13. Association Expenses*	Membership fees: NIL. However, the members can voluntarily share the expenses of the Association whenever it is needed.
14. Mode of Remittance	a)Cash b)Cheque/DD No.                      Date                      Bank Name                      Branch  c)NEFT Details: Online Transaction Reference Number: d)Online payment Details: Bank Name -                      INDIAN BANK Beneficiary Name -ALLIANCE ORCHID SPRINGS FLAT OWNERS ASSOCIATION Account Number - 6387211780 IFSC Code -                      IDIB000K126

I agree to pay my share of Association Expenses and also abide by all its laws/bye-laws. I declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

Signature of the owner applying for Membership:

Date:

Place: CHENNAI

Email Id: [aosfoa@yahoo.in](mailto:aosfoa@yahoo.in)

WEBSITE: <https://www.aosfoa.com/>