APPLICATION FORM

For any clarifications or additional information contact the secretary on KNS mobile 9496642794 or by email on keralanumismaticsociety@gmail.com

The Secretary
The Kerala Numismatic Society,
Post Box No.2560, 13B, 1st Floor,
GCDA Shopping Complex, Marine Drive,
Kochi, Kerala - 682031

Passport Size Photograph

Dear Sir,

Please enroll me as a life member of the society. I am attaching herewith the subscription of Rs. ☐☐☐☐ by D.D ☐/Cheque ☐/Cash ☐ and I have read the bye laws of the society and agree to abide and bound by the rules and regulations of the society during the duration of my membership.

Name:

(All information to be provided in block letters)

Permanent Address:

Pin code: **Date of Birth:** D D M M Y Y Y Y

Blood Group: **Email:**

Landline: **Mobile:**

Whatsapp No.

Correspondence Address:

Pin code:

Address to be mentioned in ID card: Permanent: ☐ **or Correspondence:** ☐

Type of Self attested Photo ID and Address Proof provided (Photocopy):

Driving License: ☐ **Aadhaar Card:** ☐ **Ration Card:** ☐

Interested in Collecting:

Name of Nominee and relationship:

Dated: D D M M Y Y Y Y **Signature of Applicant :**

To be filled by the secretary:

Proposed by: Membership No: **Name:**

Seconded by: Membership No: **Name:**

Membership No: **Receipt No:** **Type of membership: Life:** ☐ **Student:** ☐

Patron: ☐ **Honorary:** ☐ **Institutional:** ☐