Srikakulam Velama Sangam

Membership Application Form / 8-M/$M5 &0 >8M$A

1. Full Name / *B0M$? *G0A: _____

2. Gotram / K$M0 : _____

3. Date of Birth / *A M ?($G&@: _____

4. Occupation / 5CM?: _____

5. Phone / +K(M: _____

6. Email / .F/?2M: _____

7. Address / ?0A(>.>: _____

8. Mandal / . !2 : _____

9. Village / M0>. : _____

10. Pincode / *?(M K!M: _____

Membership category / 8-M/$M5 50M :

[ ] Life Member [ ] Annual Member [ ] Student Member

Signature / 8 $: _____ Date: _____

Submit online at: srikakulamvelamasangam.growlocals.in/membership/apply

Or return this form to Velama Sangam Bhavan, Srikakulam.