



THE INTERNATIONAL CENTRE GOA

FORM OF APPLICATION FOR MEMBERSHIP UNDER RULE 4 *

Individual Membership

To,

The President
The International Centre, Goa
Dr. E Borges Road,
Goa 403 004
India.

Sir,

1. I hereby apply for being enrolled as a member under the Rules of the International Centre Goa.
2. I have read the Memorandum of Association and the Rules of the Centre and agree to abide by them and to pay the Admission Fee / Annual Subscription as fixed from time to time. I understand that the decision of the Centre regarding my application for membership will be final.

Yours faithfully,

(Full Name & Signature)

Date:

Notes for the Applicant:

1. The form has to be filled in capital letters or typed.
2. Fields marked with * are mandatory to be filled.
3. All applications for membership are considered by the Admissions Committee whose decisions are final and binding.
4. The application is to be proposed and seconded by two individual Members of the Centre who have been members for 5 years.
5. Incomplete applications shall not be considered. The ICG reserves the right to accept or reject any application without assigning any reason whatsoever.
6. Membership Fee, along with applicable service tax, shall be paid after approval of the membership.
7. Member may opt for a Spouse Membership card by paying an additional amount of Rs. 500/- + Service Tax as applicable.
8. This application form is valid only for a period of two years.
9. This application form to be collected from the ICG at the cost of Rs. 500/- + Service Tax as applicable (Non-refundable). In case the form is received by email or downloaded from ICG website, the cost of the form has to be paid at the time of submitting the form.

***Category of Individual Membership applying for:** (please tick mark)

Life Membership Life (Overseas) Membership Ordinary Membership

Application form is to be duly proposed and seconded by members of The International Centre, Goa

***Proposed by:** _____
Name ICG Membership No. Signature

*(*Please specify the reasons for proposing the applicant)*

***Seconded by:** _____
Name ICG Membership No. Signature

*(*Please specify the reasons for proposing the applicant)*

*Photographs of Applicant	Photograph of Spouse

*Specimen Signature of Applicant		Specimen Signature of Spouse	

Write all details in CAPITAL letters. Field marked * are mandatory to be filled

*First Name (in capital letters)	<u>Title</u>				
*Family Name/ Surname (in capital letters)					
*Date of Birth	dd	mm	yyyy	*Age	
*Citizenship					
*Residence address					
*Residence Telephone Number					
*Mobile Number					
*Office Name and Address					
*Office Telephone Number					
*Present position at Workplace (attach brief CV, last position held if retired)					
*PAN Number (Please also attach photocopy of your PAN card)					
*E-mail address (in capital letters)					
*Education	Name of Institution			Degree of Certification	

	Title	Dates
Work experience/s:		
*Membership of 1. Academic organization/s 2. Professional organization/s 3. Other clubs, if any		
Publications/ Achievements/ Distinctions/ Honours/ Awards		
*Your hobbies		
*Have you at any time been convicted by any Court in India for any criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Are there any criminal proceedings pending against you before a Court in India?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Are you accused in any criminal offence? If yes, please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Please give your reasons for applying for the membership and how you can contribute to ICG's objectives? (Please attach a separate sheet if required)		

* Please state if any of your relation/s is a member of The International Centre Goa.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please fill the following:			
Name	Membership No	Relationship	
*Name of Spouse			
*Employment status of Spouse			
*Education of Spouse	Name of Institution	Degree of Certification	
*PAN Number <i>(Please also attach photocopy of your PAN card)</i>			
*Interests & hobbies of your Spouse			
* Email address of Spouse			
*Would you like to have a Spouse Membership Card (Rs. 500/- + Service Tax as applicable extra)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Children	Name/s	Education	Age

UNDERTAKING:

The information furnished above is true and correct to the best of my knowledge and belief.

(Applicant's Full Name & Signature)

FOR OFFICE USE ONLY

Receipt No.: _____ Date: _____

Admitted on: _____ Intimation sent on: _____