



NATIONAL ACUPRESSURE ASSOCIATION

1ST Floor, Maharaja Kameshwar Complex, Fraser Road, Patna-1

Mob.:- 9546999469, 7858949540, 7542024784

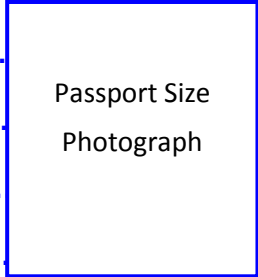
www.nationalacupressureyoga.com

MEMBERSHIP FORM

Form No.

Membership for :- 1 Year 3 Years Life Member

1. Name (Block Letters) :
- Name (In Hindi)
2. Father's/Husband's Name :
3. Mother's Name :
4. Date of Birth : 5. Qualification :
6. Permanent Address (In Block Letters) :
-
-
7. Present Address :
-
-
8. Mobile No. : Email ID :



DECLARATION

The contents of the Admission form that I have submitted are true to the best of my knowledge. If any statement given by me as above is proved to be false, I will be responsible and liable to be punished. I have filled the admission form in my own handwriting.

(Signature of the Applicant)

For Office Use Only

Accepted/Rejected

Membership No.

Office Secretary

Secretary

Dated

Seal