



Mother's Blossoms

Alumni of The Mother's International School
(Registered under the Societies Registration Act)

MEMBERSHIP FORM

PERSONAL DETAILS

Present Name: _____
First Name Middle Name Last Name

Name as in School: _____
First Name Middle Name Last Name

Date of Birth: _____ Age _____ Gender: _____
(DD/MM/YYYY) Today Male/ Female

If married, name of spouse: _____
First Name Middle Name Last Name

Address: _____

City: _____ State: _____ PIN: _____

Country: _____ Email: _____

Home Phone: (____) (____) _____ Mobile: (____) (____) _____

Years attended School:

From year _____ Class _____ to year _____ Class _____ Batch _____

PROFESSIONAL DETAILS

Profession/ Occupation: _____

Name of Company: _____

Country: _____ Current Designation: _____

Address: _____

City: _____ State: _____ PIN: _____

PAYMENT DETAILS

Membership Fee Amount: _____ Mode: Online / Cheque / Cash / Paytm
Check your membership amount from Submission and Payment Instructions given at the end of the form.

Payment Ref. No. _____ Date of Payment: _____

I would like to make donation for Mother's Blossoms social welfare activities

Donation Amount: _____ Mode: Online / Cheque / Cash / Paytm

Payment Ref. No. _____ Date of Payment: _____



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We plan to take out a directory of all members with Name, Address, Phone, Email id and Name of Company which will be circulated to Alumni members only.

How do you want your information to be treated? Select one

- Go ahead, print it _____
- Print only my name and email id _____
- I do not want my friends to contact me. Do not print. _____

I can help with the following volunteer tasks, please contact me:

Souvenir Surabhi _____ Website _____ Special Events _____
Annual Meetings _____ Fund Raising _____ Others _____

DECLARATION:

I hereby apply to be admitted as a Member of Mother's Blossoms ("Society") upon and subject to the Memorandum and Rules & Regulations of Society by which I agree to become bound on acceptance. If admitted to Membership, I further undertake to continue to provide any changes in the above information to the Society.

I also understand that the acceptance to the membership of Society may be denied if I do not meet the conditions of membership in which case my membership fees will be refunded.

DATED THIS _____ DAY OF _____ 20____ SIGNED: _____

Every member counts. Thank you for your support!

SUBMISSION AND PAYMENT INSTRUCTIONS

1. Please submit this form through email, post and along with your payment details.
2. Life Membership Fees is based on the year of graduating / passing from school
Batch 1969 – 2004 – Rs. 10000/- Batch 2005 – 2014 – Rs. 7500/- Batch 2015 – 2019 – Rs. 5000/-
3. Payment modes are

A. Pay directly to Mother's Blossom's bank account. The details for net banking are as follows:

Account Holder : Mother's Blossoms, Account Number. : 90030210000045

Bank Name: UCO BANK, Aurobindo Ashram Extension Counter, New Delhi - 17,

IFSC Code: UCBA0009003

Or B. Pay online through Paytm, scan the QR code given



Or C. Pay via cheque in favour of Mother's Blossoms and send form and cheque to: Mother's Blossoms, Sri Aurobindo Ashram, Sri Aurobindo Marg, New Delhi –110016
Email: info@mothersblossoms.com

Or D. Simply walk in to pay at Sri Aurobindo Ashram Reception Office.

Meet Mother's Blossoms representative **Ms Jyoti Patankar**,
available from 9am to 1 pm, Monday to Saturday, Contact: 8839573088, 8826288093