KUSO

KARNATAKA UNITED SOURASHTRA ORGANISATION®

AMRE UNITY IS STRENGTH

C/o. Pharma Associates, 2172/2, 8th A Main, E Block, Rajajinagar 2nd Stage, Subramanya Nagar, Bengaluru - 560 010. Mob: 99022 64195

APPLICATION FOR MEMBERSHIP

Name : Smt/Sri _____

Son/Daughter of : _____

Gothram : _____

House Name : _____

Origin (Native Place) : _____

Please affix your passport size photo here

Present Address (for communication) : _____

_____

_____ Pin : _____

Office Address : _____

_____

_____

_____ Pin : _____

Phone : (Resi) ____._____ (Off) ____._____ (Cell) _____
(Please write along with STD code)

E-mail ID : _____

Membership for : ☐ Life (Rs.500) ☐ Patron (Rs.1,000)
(Please tick your choice of membership)

I hereby declare that the particulars furnished above are true to the best of my knowledge.

Signature

N.B.: Please send your application along with a DD in favour of "KUSO" towards registration of your membership to the following address :- **President, KUSO,** C/o. Pharma Associates, 2172/2, 8th A Main, E Block, Rajajinagar 2nd Stage, Subramanya Nagar, Bengaluru - 560 010. Please don't forget to inform us change of your address if any in future. You may also pay into our S.B. A/c. No. 1198262043, IFSC: CBIN0281200 with Central Bank of India, Rajajinagar Branch, Bangalore-560010. Please inform us about your remitted amount to the above account through Mobile : 9902264195 or E-Mail : kusobng@gmail.com