

JOIN YOUR ALUMNI ASSOCIATION — “SHRUNKHALA”

SES’S L. S. RAHEJA COLLEGE OF ARTS AND COMMERCE

JUHU ROAD, SANTACRUZ (WEST), MUMBAI – 400 054.

E-MAIL : contactus@lsraheja.org WEBSITE : www.lsraheja.org

ELIGIBILITY

Membership of the Association shall be open to any past student of L. S. Raheja College of Art & Commerce, Mumbai, who has kept terms for not less than one academic year, and whose name is not on the current rolls of the students of the College still studying for graduation.

MEMBERSHIP CATEGORIES

Local Students

There shall be three categories of Members of the Association namely,

1. **Ordinary Member** - who shall pay a subscription of Rs. 100 as yearly subscription.
2. **Life Member** - who shall subscribe Rs. 3000 in one lump sum.

MEMBERSHIP PROCEDURE

- a. **Cheques to be drawn in favour of “SHRUNKHALA - Alumni Association”.**
- b. Membership shall be considered for the eligible person on making an application in the prescribed form and on payment of prescribed subscription.
- c. Member admitted to the Association shall have full voting rights.

Sd/-
PRINCIPAL

“SHRUNKHALA” ALUMNI ASSOCIATION

APPLICATION FOR MEMBERSHIP

The Principal,
L. S. Raheja College of Art & Commerce,
Juhu Road, Santacruz (West),
Mumbai - 400054.

Dear Madam,

I, wish to apply for Ordinary / Life Membership of the Association.
The required particulars have been furnished overleaf.

I, agree to abide by the Memorandum of Association / Constitution and the bye-laws / rules, of the Association.

Enclosed is the Ordinary / Life Membership fee amounting to _____ in \$ U.S. / Rs.

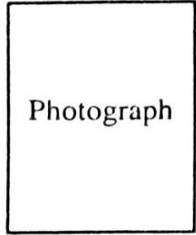
(* Delete one of two categories under and one currency as desired)

Yours sincerely,

Signature

Date : _____

PERSONAL DETAILS



Name: _____
(First) (Middle) (Last)

Date of Birth: _____

Studied at L.S. Raheja College: From Year _____ To Year _____
of Arts & Commerce Year of
Stream _____ Passing _____

Sex: _____ **Marital Status:** _____ **No. of Children:** _____

Permanent Address: _____

(City) (Pin Code) (State) (Country)

Current Address: _____

(City) (Pin Code) (State) (Country)

E-mail: _____ **Res. Tel.** _____ **Mobile:** _____

Work Details

Company Name: _____

Nature of Business: _____ **Designation:** _____

Office Address: _____

(City) (Pin Code) (State) (Country)

E-mail: _____ **Office Tel.** _____ **Fax:** _____

Preferred address for correspondence :

Permanent _____ Current _____ Office _____

Date: _____ **Place:** _____ **Signature:** _____

FOR OFFICE USE ONLY

Received _____ Intimated _____

Cash / Cheque / Draft - Amount _____ No. _____

Dated _____ Drawn on _____ Receipt No. _____

Dated _____ Membership No. _____