



Name:

Age:

Phone:

e-mail:

Address:

.....

.....

.....

.....

My preference

(please tick the appropriate box)

		No. of Membership
Platinum Membership	<input type="checkbox"/>	<input type="checkbox"/>
Gold Membership	<input type="checkbox"/>	<input type="checkbox"/>
Silver Membership	<input type="checkbox"/>	<input type="checkbox"/>

Enclosed is my cheque/DD/cash,

for Rs.

Cheque/DD No.

Bank & Branch Name

City

Date:

Place:

Signature

Please send this registration form along with
Cheque / DD in favour of **Shraddha** to
the address below.

New No: 14, Old No: 08, Subbarayan Street,
Nungambakkam, Chennai - 34.

Ph. No: +91 44 28272655

Mobile: +91 98402 08583