

Membership Application Form

(A printout of this completed Application form along with Membership fees to be deposited in nearest AGP Office or mailed to onlinejoining@agp.org.in, in case you are mailing this completed form, please only mention Cheque /DD number(as applicable) in the provided box, the physical copy of Cheque / DD can be submitted or Cash Payment can be made at your nearest AGP Office ; for any queries please call us at :9706069474)

Please note that fields marked with Asterisk (*) are mandatory

Payment can be made either by Cash/Cheque /Demand Draft/Direct Bank Deposit as convenient for you

Personal Profile :

Name*

Gender (M) (F)

Date of Birth* _____

Educational Background : _____

Occupation & Interests:

Contact Information :

Home Address*

District*: _____ PIN Code* _____

Assembly Constituency :

Lok Sabha Constituency :

E mail*:

Mobile*: _____ Landline Phone: _____

Membership details :

I want to apply for primary membership of Asom Gana Parishad (Rs. 5/- which is inclusive of joining fees and membership fees for 3(three) years)

Please check this box if you are interested in associating with any affiliated organization/Cell of AGP
Name of Affiliated Organization / Cell (box)

Payment Details:

Cash

Cheque/DD no:

Date:

Bank:

- *Cheque/Demand Draft to be drawn in favour of "Asom Gana Parishad" payable at Guwahati*
- Bank A/C details : A/C No : 33745356003 A/C Name : Asom Gana Parishad Bank: State Bank of India, Silpukhuri Evening Branch ; Branch Code : 05606 ; IFSC code:SBIN0005606

I declare that :

- I am an Indian Citizen and a permanent resident of Assam*
- I am of / above 18 years of age*
- I undertake to abide by the constitution , Rules & Discipline of AGP*
- I am not a member of any other political party*

Signature : _____

Date : _____