

WELFARE PARTY OF INDIA

Membership Form

The State President
Welfare Party of India, State.....

Dear Sir,

I have read and understood the constitution and rules of the party. I fully agree with them. I am participating in party activities and programmes.

I request you to please grant me the primary membership of the party. I promise and declare that:

- I am an Indian citizen and my age is above 18 years.
- I am not a member of any other political party.
- I fully agree with the aims & objects of the party and promise to fulfil them through my actions and deeds. I will work for the welfare of the people and the country.
- I will participate in all the activities of the party and will give maximum possible time to the party.
- I will also contribute to the party fund.
- I will abide by the discipline of the party and will not do any act, which will be detrimental to the party. In case of any indiscipline, the party is entitled to cancel my primary membership.

Yours faithfully

Signature

Date:

Name.....Father/Husband's Name.....

Date of Birth.....Sex.....Educational Qualification.....

Profession.....Language Known.....

Contact Address.....

Area of interest.....

Phone(O).....Phone(R)..... Mobile.....

E-mail.....Fax.....

Recommended by Local President.....

Recommended by District President.....

Recommended by State President.....