

To The General Secretary

The Canara Bank Retired Officers' Association (Regd) 1 & 70, 9<sup>th</sup> Main, 3<sup>rd</sup> Block, Jayanagar, Bangalore-560011 Ph: 080 -26640003, Email: cbroablr@gmail.com

## APPLICATION FOR ENROLLMENT OF ASSOCIATE MEMBERSHIP (TO BE OBTAINED FROM SPOUSE OF THE EXISTING MEMBERS)

Dear Sir,										
Please enroll me as an <b>Associate Member</b> of the <b>CANARA BANK RETIRED OFFICERS' ASSOCIATION</b> . I have read the Rules and Byelaws of the Association and undertake to abide by the same.										
I am remitting <b>Rs.1000.00</b> by way of Cheque/Funds transfer/NEFT (Cheque/Ref. No										
dated										
with Canara Bank, Jayanagar Shopping Complex Branch, Bengaluru.										
I hereby furnish the following details:										
NAME OF THE A	Date of Birth									
Shri/Smt.		d d	m m	УУ	УУ					
NAME OF THE SPOUSE (PRIMARY MEMBER) [IN CAPITALS]					MEMBERSHI	P NO.	STAFF NO			
FULL ADDRESS										
	PII	N CODE								
	CD 4666	UNIT NO 'S				ANGU NA	\			
SB ACCOUNT NO. if any				BRANCH NAME						
MOBILE NO					E-MAIL ID					
I agree to keep you informed of any change in address/email id/mobile number etc.										
Place:										
Date: Signature of the applicant For office Use:										
Received on Admitted on					Receipt No. Membership No.					
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**General Secretary** Treasurer