

The Secretary  
Indian Association Baden  
P. O. Box 523  
5401 Baden

E-mail: secretary@iabaden.ch  
Telephone: +41 76 407 97 11

Dated: \_\_\_\_\_

**Application for Membership of  
Indian Association Baden (IAB)**

Dear Sir,

I / we would like to apply for membership of the Indian Association Baden.

I / we have read Constitution of the Association received by us and agree to abide by its rules and regulations, as applicable from time to time.

I confirm to pay the required Membership Fee for the current year i.e. an amount of CHF \_\_\_\_\_.- immediately on receipt of your acceptance of my membership.

Annual membership fee for the year 2010:

Single person	CHF	65.-
Family / Couple (incl. all children below 18)	CHF	100.-
Student (18 to 25)	CHF	25.-

I / we agree to settle all outstanding payments on resigning\* from IAB membership.

Further, I confirm that all the mails / circulars on IAB can be sent to me through **E-mail** only at the E-mail address given below

Yours truly,

\_\_\_\_\_

Signature:

\_\_\_\_\_

\*Yearly membership fee will be settled each year. In case anyone wishes to resign, the resignation letter has to be submitted latest by end of March. Resignation after end of March will result into having to pay whole year's membership fee, on top of any other dues.

Mr.            Mrs.            Ms.

**Name of the Applicant**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Address**

Street: \_\_\_\_\_

Postcode: \_\_\_\_\_            City: \_\_\_\_\_

**Contact number & E-mail**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Family details:**

Name of spouse: \_\_\_\_\_

Children:

1. Name: \_\_\_\_\_, DOB: \_\_\_\_\_

2. Name: \_\_\_\_\_, DOB: \_\_\_\_\_

3. Name: \_\_\_\_\_, DOB: \_\_\_\_\_