

MEMBERSHIP FORM (A1)

State Bank of India Pensioners' Association Kerala

(Reg. No.ER/450/2001)

Website: www.sbipensionersassociationkerala.org e-Mail: sbipensionersassociationkerala@gmail.com

To:

The General Secretary
SBI Pensioners' Association Kerala
C/o. State Bank of India
Thiruvananthapuram Main Branch
Opp. AG's Office, MG Road
Thiruvananthapuram 695 001

Mobile: 94473 14517

Photograph of Pensioner

Photograph of Spouse

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APPLICATION FOR LIFE MEMBERSHIP/ASSOCIATE FAMILY LIFE MEMBERSHIP

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I/We	the ı	undersigned															(Ful	Na	me	in
BLO	CK	CAPITALS),	Pensioner	of	State	Ban	ık of	In	dia	and											
				(Sp	ouse) h	nereby	apply	for Li	fe Me	embei	ship	Asso	ciat	e Fa	amily	/ Life	е Ме	em	bers	hip	of
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I/We	unde	ertake to abide	by the same	with w	hateve	r altera	ations/a	amen	dme	nts an	d/or	modi	ficat	ions	s tha	t ma	ay b	e n	nade	fro	m
time	to tin	ne. I/We shall	pay any add	itional L	_evy/Co	ntribu	tion/Do	onatio	n wh	nenev	er it i	s rec	uire	d by	the	Ass	soci	atic	n.		
I/We	furth	er declare that	I/we am/are	not a m	nember	of any	other	Bank	Pen	sionei	s' As	socia	ation								
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2	Date	of Birth:																			
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3	Provi	dent Fund Ind	ex No.																		
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	Fami	amily: Rs.2,100/- (Life Membership Fee for Self Rs.1,500/- + Associate Membership Fee																																						
	Rs.500 + Admission Fee Rs.100/-)																																							
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Note: If both the Pensioner and Spouse were employees of SBI, they have to apply for Life Membership individually (i.e. Rs.1,600/- each).