



DADAR CLUB

Lokmanya Tilak Colony, Lane No. 3, Dadar (East), Mumbai – 400014.

Telephone: 9930032975/9930032971/9930032973. E-Mail: admin@dadarclub.com

Webiste: www.dadarclub.com Facebook Page: www.facebook.com/dadarclubofficial

KHILADI SCHEME FORM.

Kindly fill this form in **CAPITAL**. Medical Certificate required for first time swimmers at Dadar Club.

Primary Member Name : _____

Membership No. : _____

Details of person(s) enrolling under Khiladi Scheme:

Sr. No.	Name	Membership Classification	Date of Birth
1.	_____	_____	_____
—	_____	_____	—
2.	_____	_____	_____
—	_____	—	—
3.	_____	_____	_____
—	_____	—	—
4.	_____	_____	_____
—	_____	—	—

Khiladi Fees: Rs. _____ (Rupees _____.)

Membership Classification: Write any one from **Primary** or **Dependant (Spouse)** or **Dependant (Child)** as applicable. Date of Birth: To be compulsorily filled in for **Dependant (Child)**.

Declaration:

I hereby agree to abide by all the rules, regulations, terms and conditions as specified by the Constitution of Dadar Club and framed thereunder by the Managing Committee from time to time. I understand that I am responsible for all the actions of my dependants and will be liable for disciplinary action in case of any inappropriate behaviour or wrong doing committed by them inside Dadar Club premises.

I hereby confirm that the details mentioned by me hereinabove are true and accurate to the best of my knowledge and belief.

_____ Email Id.: _____



KNOW YOUR MEMBER FORM

Signature of Primary Member

Mobile No.:

Name: _____

Membership No.:

Date: _____

Place:

FOR OFFICE USE ONLY:

Submission No.: _____, Date: _____.

Amount: Rs. _____ (Rupees

_____.)

Receipt No: _____, Mode: _____.

Received By: _____.

Employee ID:

Signature:

_____.

_____.