



Chitravana Resorts

S. No. 39, Manandavady Road, (H.D. Kote Road), Mysore 570 008, Karnataka, INDIA.

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APPLICATION FORM FOR MEMBERSHIP

1. Name of the Member : _____
2. Father/ Husband name : _____
3. Date of Birth : _____
4. Sex : Male / Female
5. Permanent Address : _____

6. Occupation : _____
- a. Office/Business Address : _____

- b. Annual income : _____
7. Telephone No. : (R) _____ (O) _____
(M) _____
8. Category of Membership : _____
9. Family Details : Name DOB Qualification
Spouse : _____
Children : _____

10. Date of marriage : _____

I am furnishing the above details to the best of my knowledge and I agree for disqualification in case the information furnished to you is incorrect and will be solely responsible for the same. I have read and understood the terms & conditions of membership and agree to abide by the same and also I have acquiesced my self to the limits of liability of Chitravana Resorts and I agree to abide by the same.

Date:

Signature of the Applicant