



SUNRISE GREENS RESIDENTS WELFARE ASSOCIATION
12-A Ahinsa Khand, Indirapuram, Ghaziabad 201010 (Regd. 244/2008-09)

SGRWA MEMBERSHIP FORM

I, Shri / Smt _____ wish to become a member / Associate Member of SUNRISE GREENS RESIDENTS WELFARE ASSOCIATION (SGRWA) and undertake to pay the prescribed fee by paying Rs _____ as the membership fee. I certify that I am the resident (Owner / Tenant) of Flat No. _____.

Name : _____

Age : _____

Address : _____

Landline no. : (R) _____ (O) _____

Mobile no. : _____

E mail ID : _____

Vehicle (Car/Bike : Model _____ Regn no. _____

(Car / Bike) : Model _____ Regn no. _____

(In case of Tenant)

Owners Name _____ Contact no. _____

Date of Possession / Rent Agreement : _____

Affix your photo
here

(Signature of the Applicant)

(Name)

(Date)

Any other important information where you can contribute to your association:

For SGRWA Office Use :

1. Membership No. Allotted : _____ Mem. fee receipt no. _____
2. Signature of Gen Secretary : _____
3. Form Recd by (name/flat no.) : _____
4. Office Seal : _____