



ALL INDIAN CINE WORKERS ASSOCIATION

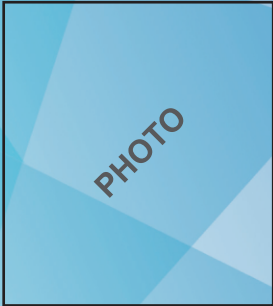
AICWA OFFICE: 5, Sun Heights Tower, Suncity Complex, Powai, Mumbai - 400076



MEMBERSHIP FORM

MEMBER ENROLL NO: _____

DATE:



1. NAME: _____

2. FATHER / HUSBAND NAME: _____

3. DATE OF BIRTH: SEX: M F BLOOD GROUP: _____

4. PRESENT ADDRESS: _____

5. LAND LINE PHONE: _____ MOBILE: _____

6. EMAIL ID: _____ DESIGNATION: _____

7. NATIONALITY: _____

8. AADHAR NO:

9. DOCUMENT ATTACHED:

- DRIVING LICENSE
- AADHAR CARD
- ELECTRICITY BILL
- RENT AGREEMENT
- PHONE BILL
- RATION/MNREGA CARD
- OTHERS

Declaration

- ◆ Wish to be enroll as a member of **ALL INDIAN CINE WORKERS ASSOCIATION**
- ◆ I declare and aware the above given information is True.
- ◆ I wish to participate in the activities of Association.
- ◆ I confirm that the certificate document and testimonials are 100% true and genuine.
- ◆ I am willing to pay the membership fees.
- ◆ I accept all the Terms & Conditions of AICWA.



Authorised Sign.

Applicant Signature / Thumb Impression



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Received the payment with thanks of Rs. _____ In words _____

_____ from Mr./Mrs. _____

In account a membership fees Rs. 3000/-.



Sr. No. | _____

Authorised Sign.