

Baroda Philatelic Society

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KNOW YOUR MEMBER FORM

Full Name:				
Postal Address:				
City/Town:			Pincode:	
Office Address:				
City/Town:			Pincode:	
Phone Nos.:	(R):	(O)	Mobile:	
Email:				
Date of Birth:				
Blood Group:				
Philatelic Interests:				
Collecting Since (Year):				
Membership with all other				
Philatelic Organisations:				
Profession:				
Details for Emergency	Name:			
Contact: (*Will be printed on	Contact No.:			
ID Card)	Contact No.:			
	Relationship:			
Any other information:				
FOR OFFICE USE:				

Date: Signature