INTERNATIONAL SOCIETY FOR KRISHNA CONSCIOUSNESS

Founder Acharya: His Divine Grace A. C. Bhaktivedanta Swami Prabhupada

Hare Krishna Dham, Sector 36-B, Chandigarh – 160 036 Phone: 2603232, 2601590

APPLICATION FORM FOR LIFE PATRON MEMBERSHIP

I wish to enroll myself as a Life Patron Member of the International Society for Krishna Consciousness and am enclosing a donation of Rs. 35,555/- towards the corpus of the trust. I understand that membership is neither transferable nor refundable.

[ ] Sri [ ] Smt. [ ] Kum

Surname/Name First Name Middle Name

RESIDENTIAL ADDRESS

House No./Building Name

Sector/Street (Use New Name)

City/Town State Pin Code

Residence Phone Number(s) Mobile Number(s)

OFFICE ADDRESS

Company, Business or Organisation Name

Plot No./Floor Building Name

Sector/Street Address (Use New Name)

City/town State Pincode

Office Phone Number(s) Email Id

COMPANY/OCCUPATION INFORMATION

Please provide information regarding your company or occupation

Category of Occupation

- ☐ Business
- ☐ Professional Type of Business
- ☐ Manufacturing
- ☐ Service
- ☐ Retired
- ☐ Trade

Product/Services provided by you/your company

MAILING INSTRUCTIONS

Preferred Mailing Address

☐ Residence ☐ Office

Preferred Language for Periodicals (for 5 years)

☐ English ☐ Hindi

PERSONAL AND FAMILY INFORMATION

PAN NO.	

Please give details of yourself and your family living with you to help us serve your spiritual needs

Name of Family Member (Including yourself)	Relation	Date of Birth

Please provide information regarding your education and training to help us suggest appropriate opportunities for your devotional service.

Academic Qualification	Field of Study / Experience

INTRODUCTION

If you know of any persons who may be interested in becoming Life Patron Members of ISKCON please indicate the names below

Name	Address	Phone No.

AREAS OF PERSONAL INTERST

Please check the areas of spiritual training and development programs that you are interested in.

☐ Guided study of Vedic Literature ☐ Worship at Home ☐ Satsang Groups in Your Area

SIGNATURE

Introduced by _____ ISKCON Representative _____ Signature of Applicant

OFFICIAL USE

Donation by

☐ Cash
☐ Cheque
☐ Demand Draft

Amount
Cheque No.
Bank
Date

Perm. Recpt. No.
Temp. Recpt. No.

MEMBERSHIP NO.								ENROLL DATE							