

ASSOCIATE MEMBERSHIP ENROLMENT FORM

The General Secretary
Corporation Bank Retired Officers' Association (R)
II Floor, Meridian Guru Plaza, Bejai,
Near KSRTC Bus Stand, MANGALORE – 575004

Affix photo

Dear Sir,

I,..... being spouse of deceased officer of
Ex-Corporation Bank, Late Sri/Smt.

E. No.: PF No. (in Union Bank):

CBROA Membership No. : request you to enroll me as an Associate Member of Corporation Bank
Retired Officers' Association (Regd.). I have read the Rules and Bye-Laws of the Association and agree to abide
by the same from time to time.

I furnish below the Name and other details:

Please Fill in Capital Letters*

1. Name*:.....

2. Residential Address *:
.....
.....
.....

PIN CODE: State*:

3. Date of Birth:

4. Phone:

a) Mobile No.: b) Whatsapp No. :

b) Landline STD Code : Phone No. :

5. E-mail ID:

6. I have enclosed a copy of my Passport - Size Photo

7. I would like to receive the circulars (i) through e-mail (ii) By Post

I am remitting the One-time Membership Fee of **Rs.1,500/-** as below:

• I have enclosed a Cheque / DD No.....dated for **Rs.1,500/-** (Rupees One Thousand
Five Hundred only) drawn on Bank, br.

OR

• I have remitted Membership Fee of **Rs.1,500/-** (One Thousand Five hundred only) to your **SB A/c.
No. 520111029113251 at Union Bank of India, M G Road - Mangalore branch IFSC Code UBIN0901806** by
ABB/NEFT on..... through Bank, Br. Code:

Please acknowledge the receipt.

Yours faithfully,

Place :

Date :

SIGNATURE

FOR OFFICE USE

The above Associate Membership accepted and admitted provisionally subject to approval of Central Committee of the
Association.

Receipt No. : Associate Membership No. : Date:

TREASURER

GENERAL SECRETARY