



**Marathi Vidnyan Parishad
Dr. Rambhau Mhaskar, Amalner, CD Library,**

Membership Form

1. Name:

2. Address:

3. Contact No. (R)

(O)

Cell:

4. Email Address:

Sign:
Name:

FOR OFFICE USE ONLY

Amount Paid:

Receipt No.

Monthly

Quarterly

Half yearly

Yearly