



MEMBERSHIP APPLICATION
Indian Red Cross Society Haryana State Branch Chandigarh

MEMBERSHIP APPLICATION
(ST. JOHN)

I/We wish to join St. John Ambulance (India) (Please indicate one from following):

- Patron..... Rs. 10,000/-
- Vice Patron..... Rs. 5,000/-
- Life Member..... Rs. 500/-
- Institutional Member (Annual)..... Rs. 1,000/-
- Annual Member..... Rs. 50/-

Please make DD/MO/Cheque in favor of

St. John Ambulance, (Name of the branch providing membership) & 18% GST extra
Name: - _____

FatherName _____ MotherName _____

Aadhar No _____ Date of Birth _____ Age _____

Blood Group: - _____ Qualification: - _____

Designation: - _____

Organization: - _____

Address: - _____

City: - _____

State: - _____ Postal Code: - _____

Mobile No: - _____ Phone No: - _____

Email: - _____ Website: - _____

Signature: - _____ Dated: - _____

- **I also wish to become a volunteer of the St. John Ambulance.**

Field specialization: - _____

Introduced by: - _____

Address: - _____

Receipt No.

Date

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