



# MEMBERSHIP FORM FOR PRESS CONTROL ROOM

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Membership Form No. \_\_\_\_\_

Passport Photo

Membership fees:  Individual - Rs 1,000/pm |  Private Sector - Rs 1,00,000/pa |  Government Sector - Rs 5,00,000/pa

## Member's Details:

Name: Ms/Mr/Mrs/Dr \_\_\_\_\_

Address: \_\_\_\_\_ PIN Code ( \_\_\_\_\_ )

PAN No: \_\_\_\_\_ Nationality: \_\_\_\_\_ Adhar Card No: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: S / M

## Business & Occupation Details:

Current Employment Status:  Self-employed  Employed  Retired  Student

Position Held: \_\_\_\_\_ Highest Education Attained: \_\_\_\_\_

Name of Business / Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code ( \_\_\_\_\_ )

Office Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Getting to Know You:

1. How did you get to know about the Press Control Room? \_\_\_\_\_

2. What are your expectations from the Press Control Room? \_\_\_\_\_

3. What are your interests and hobbies? \_\_\_\_\_

## Declaration:

I declare that all information provided by me is true. I agree to abide by the rules and regulations and to uphold the code of ethics of the Press Control Room.

\_\_\_\_\_  
Signature of Applicant & Date

## For Official Use:

Amount deposited: \_\_\_\_\_ Mode of Payment:  Draft No. \_\_\_\_\_  Cheque No. \_\_\_\_\_



## To be filled by the Committee of The Press Control Room:

The Founder Members of the Press Control Room nominate the applicant \_\_\_\_\_ for \_\_\_\_\_ membership to the Press Control Room.

\_\_\_\_\_  
Signature of Founder President & Date

\_\_\_\_\_  
Signature of Trustee & Date