



SHER-E-PUNJAB GYMKHANA & HEALTH CLUB ASSOCIATION

368/72, Club Premises, Sher-E-Punjab Society, Off. Mahakali Caves Road,
Andheri (East), Mumbai-400 093. (Tel No:- 022-28381050/ 28259174) Fax: 28246435

IDENTITY CARD FORM

Name: _____

Address: _____

Tel No: _____

E-Mail: _____

Pan Card No.: _____

Date: _____ 20

To,
The Hon. Chairman / Secretary,

Dear Sir,

I am the Life/Patron/ Single Life/ Single Annual/ Annual Couple/ Life Associate/Senior Citizen Member
of the above club. My Membership No. _____

As required by the rules of the club, I am giving the details of my family members along with the
photos who are eligible to avail the facilities of the club.

NAME	RELATION	DATE OF BIRTH	AGE

Kindly submit the Xerox Copy of the Enclosures for record purpose. Please do the needful and oblige
by enrolling the same.

Encloser: -

- 1) 2 Passport size photos of each Family Member
- 2) Pan Card Xerox (Main Member)
- 3) Ration Card or Passport copy (Main/ Dependant Member)
- 4) Birth Certificate (Children)

Thanking you,

Yours faithfully,

(_____)

Mem. No.: _____