



Lok Satta Party

Primary Membership Application Form

Name Surname Name		Father's/Husband's Name		
Date of Birth / / (dd mm yy)	F <input type="checkbox"/> M <input type="checkbox"/>	Are you married Yes <input type="checkbox"/> No <input type="checkbox"/>	O.C <input type="checkbox"/> S.C <input type="checkbox"/> S.T <input type="checkbox"/> B.C <input type="checkbox"/> Minority <input type="checkbox"/>	
No. of Family Members	Educational Qualifications 10 th class <input type="checkbox"/> Inter <input type="checkbox"/> Degree <input type="checkbox"/> Higher Education <input type="checkbox"/>		Profession Job <input type="checkbox"/> Agriculture <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Annual income Rs.
Address : H.No. Street Village / Muncipal Ward Mandal / Municipality Dist Pin Code Assembly Constituency				
Telephone No / / / Email STD Code Tel.No Mobile				
Were you a member of any political party? Yes <input type="checkbox"/> No <input type="checkbox"/> . If yes, please provide details and position (s) you held Are you a member of any social service organisation Yes <input type="checkbox"/> No <input type="checkbox"/> . If yes, name of the organisation and position (s) held : :				
Special skills you have				
I wish to enrol as a member of Lok Satta Party . I promise to abide by the Party's Rules and Regulations, policies, code of conduct and discipline, I promise to diligently work towards the progress of the Party <p style="text-align: right;">..... Signature of Applicant</p>				
Please Note: 1. Submit the form to Mandal Coordinator or Village Coordinator 2. Ensure that receipt for membership fee is issued				
For official Purpose:				
Name of the Unit		Receiver's Signature:		
Code No.				
Receipt No.		Designation:	Date:	