



# International Adventure Foundation

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## Membership Form

(Please Fill In Capital Letters)  
Note : Incomplete Form Will Not Be Accepted

To,  
National Headquarter  
International Adventure Foundation

Name Mr. / Miss. / Mrs

Date of Birth  |  |  Sex  Blood  Group

Occupation Service { } Business { } Student { } Housewife { } Other { }

### Membership Type : (please tick one of the below)

A) Student Member @ Rs. 50/- { } B) Ordinary Member @ Rs. 150/- { }

C) Institute member @ Rs. 500/- { } D) Special Member @ Rs. 1000/- { }

D) Life time Member @ Rs. 2100/- { } E) International Member @ Rs. 5500/- { }

Address

Pin

City

Mobile

Whatsapp

E-Mail

I would like to receive notification through  SMS / E-Mail / Whatsapp

Declaration : I hereby declare that i have not been expelled at Unit/State and national level of the organization. The above given information is true and valid. However, if any defect found, the organization contains full right to cancel my membership. I have read aims & objectives of the associations. I undertaking to abide by its rules & regulations.

Date :  /  /

Specimen Signature in the box for identity card

Signature of Applicant

Reciept. No :

-: For Office Use :-

Date :

Subscription. Fee :  Valid From :  /  /  to  /  /

Authority Signature & Seal

**INTERNATIONAL ADVENTURE INSTITUTE OF HIMALAYA SPORTS (IAIHS)**