



AGAM : An Initiative For Good Governance

All India Society, Registered under Society Registration Act 1860

Regd. Office: 248/17 Lakarmandi, Yahiyaganj, Lucknow- 226 003

Head Office: Unit 103, Lower Ground Floor, D 696, Opp. Market No. 2,
Chittaranjan Park, New Delhi -110019

E-mail - info@agamindia.org

Dear Sir/Ma'am,

Subject - Application for membership of volunteering team/renewal of membership of volunteering team of AGAM

We request you to fill the membership form for volunteering team attached in this document and send us:

1. The scanned copy of the filled form on coordinator@agamindia.org ; OR
2. The original copy of the filled form to AGAM-An Initiative for Good Governance: Unit 103, Lower Ground Floor, D 696, Opp. Market No. 2, Chittaranjan Park, New Delhi -110019.

Membership Form of Volunteering Team

Type of Application- New Membership

Renewal of Membership

Please Affix
a Passport
Size
Photograph

Name:

Date of Birth: Nationality: Gender:

Address:

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City: Pin Code: State:

Email id: Phone Number:

Occupation:

Do you want to volunteer for AGAM's initiatives in your local area? YES NO

➤ Preferred place of work:

- Have you ever been tried for any kind of offence in a court of law? YES NO
- Are you member of any political party? YES NO

Declaration

- I hereby declare that the information provided in this form is true to the best of my knowledge; and
- I hereby declare to abide by the AGAM’s Volunteer Code of Conduct.

N.B - The submission of the form shall imply that you have read and accepted the terms and conditions of volunteer membership.

Note –

- The Secretariat of AGAM shall send the confirmation after approval through e-mail or telephone.
- The volunteer would submit a signed copy of the Volunteer’s Code of Conduct within thirty (30) days of receipt of confirmation.

(signature of the applicant)

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(for office use only)

The membership of volunteering team of the person, whose details are provided hitherto is approved by the AGAM Governing Body on _____ (Date) day of _____ (Month), _____ (Year).

(Signature): _____

(Name): _____

(Designation): _____

(Date): _____