

APPLICATION FORM FOR MEMBERSHIP TO THE SOCIETY

To,

The Secretary General
Other Service Providers Association of India
NO. 5, B10-11 Chanakya Complex
Subhash Chowk
Laxmi Nagar, Delhi -110092.

Dear Sir,

I hereby apply for admission as a -----
Member of the Other Service Providers Association of India for myself / on
behalf of.....

I am remitting herewith Rs.towards my subscription as an -----
----- Member. I have read the Rules and Regulations of the Association
and I agree to abide by them, and also by the Rules that may be made
hereafter. I give below the necessary particulars: -

Full Name:

Address:

Yours faithfully,

(Signature and name of the Member)

Place:

Date: