



ST. JOHN AMBULANCE (INDIA)

Distt. Branch Yamuna Nagar

Sec. 17, HUDA, JAGADHRI-135003 – Phone : 01732-237892

MEMBERSHIP FORM

*I would like to become a Member of St. John Ambulance (INDIA) Distt. Branch,
Yamuna Nagar at the following level*

Life Member : **Rs. 500/-**

Annual Member : **Rs. 100/-**

Name : _____
Address : _____
P.I.N.Code : _____
Phone : _____
Fax : _____
E-mail : _____
Occupation : _____
Date of Birth : _____
Blood Group : _____

I understand that I have to abide by the St. John Ambulance (INDIA) Distt. Branch, Yamuna Nagar Code of Conduct and that in case of failure to do so, my membership may be terminated.

I understand that I have to participate in at least four St. John Ambulance (INDIA) Distt. Branch, Yamuna Nagar sponsored events every year and in case of failure to do so, the membership may be cancelled.

I am willing to undertake any training that the St. John Ambulance (INDIA) Distt. Branch, Yamuna Nagar may require me to do in furtherance of objective of the St. John Ambulance (INDIA) Distt. Branch, Yamuna Nagar.

Signature