



# LOKSATTA PARTY

www.loksattakarnataka.org/ 080-23557070

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## Application Form for EXECUTIVE MEMBERSHIP

Application Number: \_\_\_\_\_  
(to be filled in by party office).

<b>Full Name</b> .....			
<b>Date of Birth</b> ..... / ..... / ..... (dd - mm - yyyy)	<b>Gender</b> F <input type="checkbox"/> M <input type="checkbox"/>	<b>Marital Status</b> Single <input type="checkbox"/> Married <input type="checkbox"/>	<b>Social Category</b> (for statistical purposes only) O.C <input type="checkbox"/> S.T <input type="checkbox"/> S.C <input type="checkbox"/> B.C <input type="checkbox"/> Minority <input type="checkbox"/>
<b>Educational Qualification</b>	<b>Profession</b>		<b>Approx. Gross annual income</b> (parents income for unemployed)

<b>A d d r e s s</b>	_____	_____	_____	_____
	H.NO	Apartment Name	Street Name	Colony / Ward / Div / Village / Area
	_____	_____	_____	_____
	Mandal/ Division	District	Assembly Constituency	Polling Station / Polling Centre (if known)
	Landline _____	Cell phone: _____	Email: _____	

## Membership Fee

Tick any convenient / affordable one from the below.

Monthly Membership	Annual Membership	Lifetime Membership
<input type="checkbox"/> Rs.1000/-	<input type="checkbox"/> Rs.10000/-	<input type="checkbox"/> Rs.1,00,000/-
<input type="checkbox"/> Rs.750/-	<input type="checkbox"/> Rs.7500/-	<input type="checkbox"/> Rs.75,000/-
<input type="checkbox"/> Rs.500/-	<input type="checkbox"/> Rs.5000/-	<input type="checkbox"/> Rs.50,000/-
<input type="checkbox"/> Rs.250/-	<input type="checkbox"/> Rs.2500/-	<input type="checkbox"/> Rs.25,000/-
<input type="checkbox"/> Rs.100/- (minimum)	<input type="checkbox"/> Rs.1000/- (minimum)	<input type="checkbox"/> Rs.10,000/- (minimum)
Other Amount <input type="checkbox"/> Rs.	Other Amount <input type="checkbox"/> Rs.	Other Amount <input type="checkbox"/> Rs.

Note: - Amounts given anything over the minimum membership fee shall be treated as generous donation made to the party by our members and all the executive members have equal privileges, irrespective of whether or not the member made donation to the party.

## Payment mode Details

Tick any option below

<input type="checkbox"/> Electronic Clearing (ECS) (Auto debit from your bank A/C)	<input type="checkbox"/> Standing Instructions to the Bank <input type="checkbox"/> Cash / Cheque (No: _____)	You can also deposit your contribution directly online at:  SBI Direct Deposit A/C name: Loksatta Party A/c number: 30855182631 IFS Code: SBIN0001731
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Time you can spend for the party	Political Aspirations
<input type="checkbox"/> Can give Full-time in politics <input type="checkbox"/> can spend ____ hours each day / week / month	<input type="checkbox"/> Interested in contesting elections <input type="checkbox"/> Unsure as of now.

**Special skills that you can contribute to the party:**

**Referred by**

Name: \_\_\_\_\_, Mobile: \_\_\_\_\_ Membership Id: \_\_\_\_\_

**AFFIDAVIT**

*I herewith confirm that the information furnished above is true to the best of my knowledge & that I am not involved in any cases relating to a crime or corruption.*

Date: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

**Please do not write below this line – office use only**

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\_\_\_\_\_  
Name & Signature of Loksatta Volunteer / Member

\_\_\_\_\_  
Cell No

\_\_\_\_\_  
Date & Place