



LAW MANTRA (THINK BEYOND OTHERS)
Registration No:- 150 in Book No.4 Vol No.3, 603 of 2018 NCT of Delhi
I.S.S.N 2321- 6417 (Online) I.S.S.N 2394-7829 (Print)
Ph.: +91- 9310053923 Website: www.lawmantra.org
E-mail: info@lawmantra.org; contact@lawmantra.org

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Membership Application Form

To,
The Managing Trustee/ President
Law Mantra
New Delhi

Dear Sir/Ma'am,

I would like to become a (Mark the Following)

Donor Member (.....)

Honorary Member (.....)

Life Time Member (.....)

Corporate Member (.....)

General Member (.....)

of Law Mantra. I will strictly follow the rules and regulation of the organization and decisions of executive committee at any time.

Please find enclose Rs.....for the entrance and membership Fee for the running fiscal year by cash/cheque no/Neft No/Online Transaction Number/Cash Deposit Transaction Number/RTGS Numberdatedbank.....

1. Name of Applicant:
2. Address.....
.....
..... Pin Code.....
3. Mobile.....Alt.no.....
4. Email.....Affiliation.....
5. Name of Institution.....
6. Educational Qualification

S.No.	Examination	Board	Passing Year	Division

7. Professional / Employment Experience

S.No.	Organization	Designation	Time Period

8. Previous Registration No. (if any) Year & Date.....

9. Recommend by (if any).....

Date.....

Applicants Signature

Note:- Please Send Scan Copy of Form with Updated C.V via email at lawmantra001@gmail.com

Details of Bank :

- **Law Mantra, Name of Bank: UCO Bank, Account Number: 15530210003022, IFSC Code: UCBA0001553, Address of Bank:- Delhi High Court, Sher Shah Road, New Delhi – 110503.**

Fees and Subscriptions

- Donor Member. Rs 60,000 (One Time)
- Life Members. Rs. 12,000/- (One Time)
- Corporate Members Rs. 15,000 (P.A.)
- General Member Rs 5, 500 (At the time of admission as member) and Subscription charge will be 500 P.A.
- No subscription shall be payable by the following classes of members: Honorary Members;

For Law Mantra Office use only

Approved/Pending/cancelled by the Executive Committee Meeting held on.....

Reason for Cancellation (If membership cancelled or not approved).....

Receipt No.....Date.....Verified by.....

Membership No.

Date:-



(General Secretary/ Secretary Signature)

Note: Please Remember Membership must be renewed at beginning of the every fiscal year.