

INTRODUCER NAME

## **CONSUMER RIGHTS** ORGANISATION - INDIA



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## WOMEN EMPOWERMENT MEMBERSHIP FORM

I want to take the Membership of the Consumer Rights Organisation for which I am depositing the Non-Refundable/Transferable Membership Fee. Therefore, kindly register me as Membership of the Organisation.

I here by declare that I am ready to abide by the rules and sub of the Consumer Rights Organisation in their present/current form or when updated from time to time. The Information given by me in this form is correct & I am wholly responsible for its correctness. I shall be responsible for unconstitutional or anti

Paste Your Passport Size Latest Photograph

Introducer Sign.

social work committed by me. I promise to be loyal to wards the mission of the Organisation and would follow all those rules and regulations that are given to me by Organisation to fulfill its mission. Automatically termination in case of any Mis Behavior or using abusing language to anyone/anti Organisation activities/Inactive/Non Performance/Criminal/Forgeries found against me.

Becoming member of this Organisation, I give my full consent to use my name and photograph in any promotional activities/

materia	als and Websites/FB etc related with the Organisation.	The necessary details rela	ated me are as follows -
( FILLE 1.	Name		( Female Only)
2.	D/o & W/o Name Sh.		
3.	Address		
	City State		
4.	Date of Birth/ E-Mai	I	
5.	Qualification	Enclosed ID - D AA	ADHAR DL DOTHERS
Fo	r all UPI App 1 QR accept payments direct to	CRO Bank Account	# Incomplete Form will not be accepted.
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	FEES A/c. Name : Co. A/c. No. : 39 IFS Code : SB	INE TRANSFER ONLY  nsumer Rights Organisation 814252809 IN0001838 Inte Bank Of India  Insfer details  Date://	MICRO, SMALL & MEDIUM ENTERPRISES सूक्ष्म, लघु एवं मध्यम खद्यम  UDYAM-RJ-24-0003238
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Applicant Name			
Remar	rke		