

FORM A  
**SHIVSENA**  
MEMBERSHIP APPLICATION

Sr. No.: \_\_\_\_\_ Year : \_\_\_\_\_ Rajya : \_\_\_\_\_

Zilla: \_\_\_\_\_ Taluka: \_\_\_\_\_ City: \_\_\_\_\_ Village: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

Address of Permanent Residence: \_\_\_\_\_

Address of place of work: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

I wish to become a member of SHIVSENA. I promise to abide by the Constitution, Rules and discipline of SHIVSENA.

I am not a member of any other political party.

I pray for membership of SHIVSENA.

I pay alongwith this application a sum of Rs. 2/- towards membership fees for the year.

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

(Signature of Applicant)

Name of Shakha Pramukh: \_\_\_\_\_ (Signature of Shakha Pramukh)

Address of Shakha : \_\_\_\_\_

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