

**SOCIAL WORK MISSION**  
(Voluntary Organization for Integrated Social Work)  
*Membership Form*

Photo

**Type of Membership Applied for:** Life Long/Voluntary /Student Membership

**Name:** ..... **Age:**..... **Date of Birth:**.....**Sex:**.....

**Address:**.....

.....**District**.....**State**..... **PIN Code:** .....

**Panchayat/Municipality:** ..... **Assembly Constituency:**.....

**Job:**.....**Institution:**.....

**If applicant is Student , School/College:**.....

.....**Class/Course:**.....

**Telephone Number/s:** ..... **Email:**.....

**Mention your Present Social Service Activities and Organizations/Club:** .....  
.....

**EDUCATION QUALIFICATION(Degree&Above)**

Sl.No	Course	specialization	year	Institution & University

**WORK EXPERIENCES:**

Sl.No.	Institution	Designation & Responsibilities	Year/Term

**Describe, why you are interested to become a member of the Mission:(Mention area of your interest, expertise/skills etc., in social work)**

## NORMS AND CONDITIONS FOR THE VOLUNTARY MEMBERSHIP

1. The person should be graduate in any relevant subject of social work from any recognize university.
2. The person should uphold the principles of patriotism, socialism, secularism, democracy, fraternity, and non-violence.
3. The person should not involve in any anti-social activities.
4. The person should have any particular mission in social work area and ready to undertake social work initiatives at any local community without any social, cultural, religious, and political bias.
5. The person should support and popularize welfare projects of all democratic government without any political bias.
6. The person will be provided the **Permanent Membership** only after getting the **Voluntary Membership** for a period of time and proving his/her commitment towards the Mission.
7. All the Members should provide the membership fees and annual fees decided by the Mission time to time.

### DECLARATION

**I, hereby, declare that all the information furnished in this form is true to the best of my knowledge and belief. I have read the terms and condition for the membership and I will abide by them and work in the interest of the organization. My membership can be cancelled by the organization without assigning any reason if my activities or conduct are deemed unfit for the organization or for any other reason. By signing this document I agree to be part of this organization as volunteer and work for it and ready to obey and follow orders task assigned by the organization.**

Place:

Signature.....

Date:

Name.....

#### For Office Use

Type of Membership Applied for: .....

Membership No:..... Date of Receipt of Application.....

Approved on ..... Fees Received :..... Dated:.....

Mode of Payment:.....

Voucher/MO/DD No. ....(Drawn at Bank .....Dated.....)

Remarks:

Signature&amp;Name of General Secretary

**Website: [www.socialworkmission.org](http://www.socialworkmission.org) Email: [socialworkmission@gmail.com](mailto:socialworkmission@gmail.com)**