

**Sree Matha Lalithambika Trust**  
**Kunnathurmedu, Palakkad**

Name (as in Aadhar card):

Aadhar Number:

Age / DOB:

PAN Number:

Full Address (with pincode):

Mobile 1:

Mobile 2:

Email ID:

Membership in any other trust (if yes, details):

Membership Term (Monthly/Quarterly/Half-yearly, Annually/ One Time):



**Date:**

**Signature**

**Place:**