

**National Small Saving Agent Association, India****राष्ट्रीय अल्प बचत अभिकर्ता संघ**

Head Office – Pallishree, Tinsukia, Assam-786 125

**FORM TO BE SUBMITTED TO ANY ONE OF THE BELOW ADDRESSES ONLY**General Secy - Manoj Kr. Mishra, 323 Shakti Nagar Colony, P.O. - Arogya Mandir,  
Gorakhpur, U.P. - 273003

Treasurer – Krishnanand Gupta, Amarjyoti Cinema Road, Garulpar, P.O.-Deoria, U.P.-274001

**MEMBERSHIP FORM**

Select Membership Type			First Name	Shri/Smt								
<input type="checkbox"/>	<b>Honorary Membership</b> (For Lifetime & Voting Rights)	5000/-	Last Name									
<input type="checkbox"/>	<b>Lifetime Membership</b> (For Lifetime & Voting Rights)	1000/-	House/Flat No.									
<input type="checkbox"/>	<b>Membership for 1 yr</b> (General Member)	100/-	Society/Area									
<b>Bank A/c Name :</b> National Small Saving Agents Association, India <b>Bank Name :</b> Central Bank of India <b>Branch :</b> Rapti Nagar, Gorakhpur, (UP) <b>A/c No. 3667266858</b> <b>IFSC Code : CBIN0283401</b> <b>MICR : 273016007</b>			City/Village	PIN NO								
			District Name									
			State									
			Date of Birth									
			Mobile 1									
			Mobile 2									
			Email ID									
			SAS Agency No.									
			MPKBY No.									
			Post Office Name									
Working Since	(i.e. 5Years, 10years etc)											

I hereby agree to join NSSAA, I as a member on my own will and without any pressure from anyone and agree to abide by the rules & regulation of the organization which may also be amended from time to time. I am paying / paid Rs. \_\_\_\_\_ (In words \_\_\_\_\_) by Cheque No. \_\_\_\_\_ or by attached Cash Deposit Slip dated \_\_\_\_\_ in the said bank account.

Date \_\_\_\_/\_\_\_\_/20

Treasurer/Receiver's Name \_\_\_\_\_ Mobile No. \_\_\_\_\_

**RECEIPT / ACKNOWLEDGEMENT**

Received from Shri/Smt \_\_\_\_\_ Agency  
No. \_\_\_\_\_ The sum of Rs. \_\_\_\_\_ (In words \_\_\_\_\_)  
By Cash Deposit Slip/Cheque No. \_\_\_\_\_ for the NSSAA'I Honorary Member/Lifetime/General  
Membership category.

Date \_\_\_\_/\_\_\_\_/20

Place \_\_\_\_\_

(Receiver's Signature for NSSAA'I)