

# United Welfare Federation of Chartered Accountants

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**MEMBERSHIP FORM**

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| --- | --- | --- | --- | --- |
| [IN BLOCK LETTERS PLEASE]  NAME:  **First Name Middle Name Surname** | | | | Affix photo here |
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| CITY: | STATE: |  | PINCODE: | |
| COUNTRY: | MOBILE: | LANDLINE: | |
| EMAIL ID: | | | | |

DATE OF BIRTH:

ICAI Regn No:

**FEE DETAILS: [ANNUAL SUBSCRIPTION]**

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| **Details** | **ICAI Member prior 14.07.2017** | **ICAI Member after 17.07.2017** | **Select Option** | **Cash/Card/ Draft/Cheque**  **/NEFT** |
| Entrance Fee | .00 | .00 |  |  |
| Ordinary Membership | .00 | .00 |  |  |
| Life Membership (without  Journal) | 1000.00 | .00 |  |  |

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### Date: Sign:

Note:

1. Outstation payments to be made by Demand Drafts only, payable at Delhi.
2. Cheques/Draft should be drawn in favour of “United Welfare Federation of Chartered Accountants.
3. Please attach a photocopy of Membership Certificate of The Institute of Chartered Accountants of India.

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