



# The Humanist Party of India

Nothing above the Human Being, No Human Being below Another

[www.humanistparty.org](http://www.humanistparty.org)

[info@humanistparty.org](mailto:info@humanistparty.org)

## Membership Application Form

To:

The Organization Secretary  
**THE HUMANIST PARTY OF INDIA**  
R-10, Khirki Extn., Malviya Nagar  
New Delhi 110017.

Affix recent  
Photograph  
& Sign across  
the picture  
Please submit  
3 photos

I wish to apply for the Membership of the Humanist Party of India (HP).

I confirm that I have completed the age of 18 years and I accept the Ideology and Way of working of the Humanist Party of India. I confirm that I am not member of any other Party or organization whose aims and objectives are in conflict with those of the HP. I also confirm that I have not been convicted by any competent court of law in India for any offense involving moral turpitude.

Please enroll me as a member of the HP. My annual membership fee for the calendar year 2010 (non-refundable) is enclosed as detailed below, along with my personal details :

**FULL NAME:** Ms. / Mr. \_\_\_\_\_ **S/o, D/o :** \_\_\_\_\_

**COMPLETE POSTAL ADDRESS :** \_\_\_\_\_

**City :** \_\_\_\_\_ **Pin-code:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Phone (with STD code) :** \_\_\_\_\_ **E-mail :** \_\_\_\_\_

**Date of Birth / Age (Date/Month/Year) :** \_\_\_/\_\_\_/\_\_\_\_. (\_\_\_\_ years). **PROFESSION :** \_\_\_\_\_

**Annual Membership** for the year : Rs. 10 (Adherent Member)  / Rs. 100 (Active Member)  (Select One)

**Membership Card (Photo ID) :** Rs. 100  (Optional) **Newsletter Subscription** for 12 months :  Rs. 190

**Donation for the HP :** Rs. \_\_\_\_\_  **(Please tick on your selections)**

I declare that the particulars mentioned above are true and correct to the best of my knowledge and that I have not made any misrepresentation or concealment whatsoever. I hereby indemnify the HP against any misdemeanor by me directly or indirectly. Being a Humanist Party member, I commit to not participate in any form of violence, discrimination & exploitation. (I attach 4 passport-size photos of mine, copy of election-card / proof of residence with this form.)

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Introduced by existing member of HP (Name, Signature & Date)

-----**TEAR & ISSUE RECEIPT**-----

Received the following detailed amount/s (please tick) Rs. \_\_\_\_\_ from Ms. / Mr. \_\_\_\_\_

Annual Membership for the year : Rs. 10 (Adherent Member)  / Rs. 100 (Active Member)  (Select One)

Membership Card (Photo ID) : Rs. 100  Newsletter Subscription for 12 months : Rs. 190

Donation for the HP : Rs. \_\_\_\_\_ **(Please tick on your selections)**

Enrollment No. : \_\_\_\_\_

Copy of the Form with Photo sent to State and National office. A Photocopy of the Form can be given as receipt to the enrolled member. The Membership card, if paid-for, will be sent by the State committee Organizational Secretary.

Full Name & Signature of enrolling member & Date, with local group's stamp with address.

Membership form, duly filled-in, with your photographs and proof of address, with fee, can be sent by post to HP head office. Amount can be deposited to nearest PUNJAN NATIONAL BANK A/c.1504-0001-0220-4184, and receipt sent with the form