

**AIPF(R)**

**All India Peoples Front(Radical)**

A Platform For Peoples Politics

## Membership Form

Name : \_\_\_\_\_

Father Name : \_\_\_\_\_

Mother Name : \_\_\_\_\_

Date Of Birth : \_\_\_\_\_

Contact No: \_\_\_\_\_

Alternate No: \_\_\_\_\_

E-mail : \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_

Pincode : \_\_\_\_\_

City : \_\_\_\_\_

State : \_\_\_\_\_

Date: DD/MM/YYYY

Auth. Signature