



# PARAGLIDING ASSOCIATION OF INDIA

(Registration no.: 500/Goa/2010)

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## APPLICATION FOR ASSOCIATE MEMBERSHIP

PLEASE USE BLOCK LETTERS ONLY

To,  
The Secretary  
Paragliding Association of India  
Panjim, Goa.

**ASSOCIATE SCHOOL/CLUB/SLA**

NAME \_\_\_\_\_

SEAL \_\_\_\_\_

**PHOTO**

Affix  
PASSPORT  
SIZE  
PHOTO  
3.5 x 4.5 cms

PLEASE PASTE,  
DO NOT STAPLE

### Citizenship

Indian Citizen  Non Resident Indian  Foreign National

Visiting India  Foreign National with Indian Residence Permit

**COUNTRY OF ORIGIN**

(First Name)

(Middle Name)

(Surname)

Gender M/F Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Blood Group \_\_\_\_\_

Email ID \_\_\_\_\_ Valid email ID for all communications

Contact No. \_\_\_\_\_ Occupation \_\_\_\_\_

Communication Address \_\_\_\_\_

City \_\_\_\_\_ Dist. \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_

### **Photo ID Proof**

Please attach  
SELF-ATTESTED  
photocopy of your valid  
photo ID (PAN Card,  
Driver's License, Voter's  
ID, Passport or Visa  
Document)

For INDIAN NATIONALS (tick mark one of the IDs / Also attach photocopy)

PAN Card  Driver's license  Voter's ID  Passport

For FOREIGNERS and NRIs (fill in the details / Also attach photocopy)

Passport No. \_\_\_\_\_ Country \_\_\_\_\_

Visa No. \_\_\_\_\_ Valid up to \_\_\_\_\_

Annual Fee	Mode	Details
₹ 100.00	Cash <input type="checkbox"/> Chq. <input type="checkbox"/> D. D. <input type="checkbox"/>	Chq / DD / Trans No. _____
		Bank _____
	Electronic Transfer <input type="checkbox"/>	Date _____

I, the undersigned, do hereby apply for Membership of the Paragliding Association of India (PAI), and agree to abide by, and observe, the Rules, Regulations and Bye-Laws of PAI at all times.

Date \_\_\_\_\_

Place \_\_\_\_\_

Applicant's signature