



To: The General Secretary

The Canara Bank Retired Officers' Association (Regd)

1 & 70, PB No.1162, 9th Main, 3rd Block, Jayanagar, Bangalore-560011

Email: cbroabr@gmail.com, Website: <https://cbroa.co.in>

APPLICATION FOR ENROLLMENT OF ASSOCIATE MEMBERSHIP

Dear Sir,

Please enroll me/my spouse as an **Associate Member** of the **CANARA BANK RETIRED OFFICERS' ASSOCIATION**. I have read the Rules and Byelaws of the Association and undertake to abide by the same.

I am remitting **Rs.1000.00** to the credit of **CBROA's account No. 0408111100140** with Canara Bank, Jayanagar Shopping Complex Branch, Bengaluru. (**IFSC Code – CNRB0000408**).

Details/Date of Remittance	
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I hereby furnish the following details:

NAME OF THE ASSOCIATE MEMBER [IN CAPITALS]	Date of Birth							
Shri/Smt.	d	d	m	m	y	y	y	y

Type of Associate Member: Spouse of the existing member Family Pensioner

NAME OF THE SPOUSE [IN CAPITALS]	MEMBERSHIP NO.	STAFF NO

FULL ADDRESS							
	PIN CODE						

PENSION A/C NO. (IN CASE OF FAMILY PENSIONERS)	BRANCH NAME

MOBILE NO	E-MAIL ID (IN CAPITALS)

I hereby agree to keep you informed of any change in address/email id/mobile number etc. and also, agree to receive information from CBROA by Email and SMS/Whatsapp by bulk messaging system.

Place:

Date:

Signature of the applicant/Primary Member

For office Use:

Received on	Admitted on	Receipt No.	Membership No.

Treasurer

General Secretary