



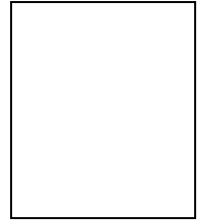
CHENNAI DISTRICT CHESS ASSOCIATION

(AFFILIATED TO TAMIL NADU STATE CHESS ASSOCIATION)

No. 20, Sundara Murthy Vinayagar Koil Street,

Triplicane, Chennai – 600 005.

Phone : 044 - 28441567



LIFE MEMBERSHIP FORM

To
THE SECRETARY,
The Chennai District Chess Association,
Chennai.

Registration No.....

Receipt No.....

Sir,

I request you to kindly make me a Life Member of your CDCA. I am enclosing herewith Rs. 1,000/- (Rupees One Thousand only) by Cash / Cheque No. drawn on Bank Branch.

My Particulars are:

Male / Female

1. Name
2. Father's / Husband Name
3. Address
-
-
-
- Pin Code :
4. Date of Birth
5. Blood Group
6. Telephone Residence Office
7. Mobile
8. E-mail
9. Class / Designation
10. School / College / Office

I hereby undertake to abide by all the Rules and Regulations of CDCA framed from time to time. I declare that I am not a member of any other District Chess Association and I shall not take part in any tournament unauthorised by the Chennai District Chess Association / Tamil Nadu State Chess Association.

Date:

Signature