



# KENNETH ANDERSON NATURE SOCIETY

Mohan & Chandrasekhar Chartered Accountants, No.9/2, Attibele Road,  
Above Kutty's Frozen Foods, HCF Post, Mathigiri, Hosur - 635 110.

Website: kans.org.in Phone: 9449009310, 9362321000

## MEMBERSHIP APPLICATION FORM

### Instructions and Conditions of Membership:

1. Fill the form in CAPITAL LETTERS only.
2. All entries must be readable and there should not be any overwriting.
3. Incomplete Forms will be subject to rejection.
4. Date format is DD-MM-Y YYYY.
5. Give correct phone no(s), will be used in case of emergency and for any duty assignment.
6. Payment of Membership Fee must be by Cheque / DD / Bank Transfer only.
7. KANS can use your data for Promotional and for assignment of any work assigned to Society.
8. Make sure you are FIT to work under extreme wild conditions and may risk your life as well.
9. KANS will not be responsible for any damage to your life in any case arising out of your duty.
10. Your are submitting this form purely on your free will.

Affix  
Recent  
Stamp  
Size  
Photograph

Name

Date of Birth  -  -

Profession

Address

City

State  Pin Code

Phone : Office  Resi.

Mobile

Email ID

Interests

From where did you learn about KANS?

### PAYMENT DETAILS (TO BE FILLED BY APPLICANT)

Amount  Paid by : Cheque/DD/BankTransfer Ref. No.

Cheque/DD/BankTransfer Date  Bank Name and Branch

Date  -  -

Place  Applicant Signature

Note: Membership Fees (accepted in Indian Rupee Cheques/DD/BankTransfer) to be paid:  
New Member: ₹ 2000/- (Registration: ₹ 1000/- + Annual Subscription: ₹ 1000/-)

### Bank Account Details

Kenneth Anderson Nature Society  
Axis Bank, Hosur Branch  
IFSC Code UTIB0000535  
Savings Account No. 535010100065326

### Please send completed and signed forms to:

Kenneth Anderson Nature Society,  
Mohan & Chandrasekhar Chartered Accountants  
No.9/2, Attibele Road, Above Kutty's Frozen Foods,  
HCF Post, Mathigiri, Hosur - 635 110, and email your name and  
payment ref. no. to secretary@kans.org.in after you post the form.

Alternatively, you may email a scanned copy of this form to  
secretary@kans.org.in

### FOR OFFICE USE ONLY

Date of Admission  -  -  Membership No.

Membership Fee paid by Cheque/DD/BankTransfer

Cheque/DD/BT No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

Receipt No. \_\_\_\_\_