



**THE DISTRICT COUNCIL OF GRAND PORT
WELFARE DEPARTMENT
AFFILIATION FORM YEAR 2021**

***CATEGORY:**

(Women/ Sports/ Senior Citizen/ Force Vive/Socio-Cultural association)

***(Please tick and Specify as appropriate)**

1. Name of Association / Club:

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2. Address of Association / Club:

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3. Details of Bank Account of Association / Club

a) Name of Bank:.....

b) Bank account No.:.....

4. No. of Members:

5. Registration No. from the Registrar of Association:

(Copy of certificate to be attached)

6. Date Founded:

7. Executive Members

	NAME	ADDRESS	TELEPHONE NO.
President			
Vice President			
Secretary			
Ass. Secretary			
Treasurer			
Ass. Treasurer			
Auditor 1 :			
Auditor 2 :			

8. Brief details on objectives of the associations

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9. Brief details of activities organized by the Association.

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10. Since when the organization affiliated to the District Council:

I hereby certify that the above information are true to the best of my knowledge.

Date :

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Signature of President / Secretary

Seal of Club:.....

