

Re.No.

S.No.

Reg. Nos. –
Soc. Reg. Act
– Mah/9561-
94/Pune ,
Bombay
Public Trusts
Act –
F10,066/Pune

ASSOCIATION OF LEFT-HANDERS

Address : 10, Geetanjali Apartments, Tanajiwadi, Shivajinagar, PUNE-411005, INDIA

Tel: +91-(0) 20- 25813034 Mobile : +91-9822522134

Web Site: <http://geocities.com/lefthandersind> E-Mail: lefthanders@indiatimes.com

MEMBERSHIP APPLICATION & BIO-DATA

NAME : _____

ADDRESS : _____

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E-mail id : _____

TEL No. : _____ Blood Group:

DATE OF BIRTH : _____ Sex : Male / Female

EDUCATION : _____

OCCUPATION : _____

USE OF HANDS : Writing _____ Playing _____ Throwing _____

(Please write Left/ Right / Both)

Eating (i) With one spoon _____ (ii) By Fingers _____

CHILDHOOD EXPERIENCES OF COMPULSION TO USE RIGHT HAND (If any):

SPOUSE'S / IN-LAWS' / OTHERS' REACTION TO YOUR LEFT-HANDEDNESS

(If any): _____

POSSIBILITY OF ACTIVE PARTICIPATION IN ASSOCIATION ACTIVITY:

Yes / No : How? : _____

ANY OTHER COMMENT: _____

Signature

Date :

1) Recommended by existing member- Name:

2) seconded by existing member - Name:

Signature:

Signature: