

**THE ASSOCIATION OF SENIOR CITIZENS , HYDERABAD**  
**AND**  
**DAY CARE CENTRE FOR ELDERS**  
**LIONS BHAVAN, PARADISE CIRCLE, SECUNDERABAD**  
**LIFE MEMBERSHIP APPLICATION FORM**

\* To qualify for membership you must be over 60 years

\* AoSC reserves the right of admission

Telephone 27898885

(Please write in BLOCK Letters)

PERSONAL DATA			
	NAME	DATE OF BIRTH	WEDDING DATE
MEMBER			
SPOUSE			
NO. OF CHILDREN/AGE	1	2	3
FULL ADDRESS			
TELEPHONE	MOBILE		
E-MAIL ID			
PRESENT OCCUPATION IF ANY			
LAST OCCUPATION			

**HOBBIES/INTERESTS**

READING	INDOOR GAMES	CARDS	CHESS	CARROM	TABLE TENNIS
INTERNET	OUTDOOR GAMES	VOLLEY BALL	BADMINTON		BASKET BALL
MUSIC	GARDENING	COOKING	YOGA		
ANY OTHER					

**HEALTH BIO-DATA**

ANY MAJOR HEALTH PROBLEMS					
BLOOD GROUP		FAMILY DOCTOR		TELEPHONE NO	
PERSON TO CONTACT IN EMERGENCY					
ADDRESS				TELEPHONE NO	

I agree to abide by the existing rules and regulations of the Association of Senior Citizens Hyderabad, and which they may laid down from time to time.

Signature

**FOR OFFICE USE ONLY**

Mr/Mrs/Ms.....IS ADMITTED/NOT ADMITTED

INTRODUCED BY.....Membership no.....

AOSC CHAIRPERSON

INCHARGE/PRESIDENT