



KALIMPONG DISTRICT TOURISM

WELFARE SOCIETY

(Govt Regd. No. S0050056 of 2024-2025)

PO: Kalimpong District Darjeeling

Email: kpgdistoursociety@gmail.com

SL NO _____

MEMBERSHIP FORM

NAME: _____

NAME OF THE ESTABLISHMENT: _____

AGE: _____ SEX: _____

CONTACT NUMBER:

ADDRESS:

MEMBERSHIP AMOUNT PAID: _____

PAYMENT MODE (Tick): CASH

UPI TRANSFER (WITH SCREENSHOT OF TRANSACTION ID)

UNDERTAKING:

I DO HEREBY DECLARE THAT I AM REGISTERING MYSELF AS THE MEMBER TO KALIMPONG DISTRICT TOURISM WELFARE SOCIETY ACCORDING TO MY OWN WILL. I ALSO DO NOT HAVE ANY OBJECTION TO THE RULES/REGULATIONS AND POLICIES OF KDTWS AND HEREBY AGREE TO PARTICIPATE IN ALL PROGRAMMES OF KALIMPONG DISTRICT TOURISM DEVELOPMENT SOCIETY IN FUTURE.

SIGNATURE: _____

PLACE: _____

DATE: _____

SIGNATURE OF RECEIVER