



## MEMBERSHIP FORM

Place \_\_\_\_\_ Membership No. \_\_\_\_\_ Exec. Code \_\_\_\_\_

## PERSONAL DETAILS

Name of the Sole/First Applicant: \_\_\_\_\_

Date of Birth \_\_\_\_\_

☐ Mr. ☐ Mrs. ☐ Ms.

Mother Tongue \_\_\_\_\_

ADDRESS : Permanent \_\_\_\_\_

Present \_\_\_\_\_

CITY \_\_\_\_\_ PIN \_\_\_\_\_ STD \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_

E-Mail/Internet Address \_\_\_\_\_

Nature of Membership :

Joint ☐

Either or Survivor ☐

(To be filled in case of two applicants)

Do you own a car : ☐ Yes ☐ No

Do you own a Timeshare ☐ Yes ☐ No

If yes, Name of the Timeshare \_\_\_\_\_

Are you a member of RCI ☐ Yes ☐ No

If yes, RCI Membership No \_\_\_\_\_

Are you a member of a Club ☐ Yes ☐ No

If yes, Name of the Club \_\_\_\_\_

Do you have a Credit Card ☐ Yes ☐ No

If yes, is it AMEX Diners Club Citibank

Others : Specify \_\_\_\_\_

## FAMILY DETAILS

☐ Mr. ☐ Mrs.

Name of Spouse \_\_\_\_\_

Date of birth \_\_\_\_\_ Wedding Anniv. \_\_\_\_\_

☐ Mr. ☐ Mrs.

Name of Children :	Date of Birth	Sex	M	F
_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
_____	_____		<input type="checkbox"/>	<input type="checkbox"/>
_____	_____		<input type="checkbox"/>	<input type="checkbox"/>

## PROFESSIONAL DETAILS

Name of Office \_\_\_\_\_

Designation \_\_\_\_\_

Office Address : \_\_\_\_\_

CITY \_\_\_\_\_ PIN \_\_\_\_\_

STD CODE \_\_\_\_\_ TEL \_\_\_\_\_ FAX \_\_\_\_\_

MOBILE \_\_\_\_\_

### EDUCATION

Pre University ☐ Graduate ☐ Post Graduate ☐  
Professional ☐ Specify \_\_\_\_\_

### OCCUPATION

1. Business ☐ 2. Entrepreneur ☐  
3. Self employed professional ☐  
4. salaried : Private sector/Public ☐  
Sector/Government \_\_\_\_\_

### MONTHLY HOUSEHOLD INCOME

Below 5 Lakh ☐  
In between 5 to 10 lakh ☐  
Above 10 lakh ☐

### PROFESSION

<input type="checkbox"/> Doctor	<input type="checkbox"/> Lawyer
<input type="checkbox"/> Architect	<input type="checkbox"/> C.A
<input type="checkbox"/> Engineering	<input type="checkbox"/> Banker
<input type="checkbox"/> Academician	<input type="checkbox"/> Journalist
<input type="checkbox"/> Consultant	<input type="checkbox"/> Executive
<input type="checkbox"/> Share broker	<input type="checkbox"/> Other

Specify \_\_\_\_\_

## YOUR HOLIDAY PREFERENCES

	Self & Spouse (Tick any 6)	Kids (Tick any 6)		Self & Spouse	Kids
1. Swimming	<input type="checkbox"/>	<input type="checkbox"/>	8. Family fun contests	<input type="checkbox"/>	<input type="checkbox"/>
2. Carrom, Table Tennis.	<input type="checkbox"/>	<input type="checkbox"/>	9. Sight seeing, Trekking	<input type="checkbox"/>	<input type="checkbox"/>
3. Relaxing in the room	<input type="checkbox"/>	<input type="checkbox"/>	10. Jogging, Long walks	<input type="checkbox"/>	<input type="checkbox"/>
4. Campfire, Group Games	<input type="checkbox"/>	<input type="checkbox"/>	11. Horse riding, Pony rides	<input type="checkbox"/>	<input type="checkbox"/>
5. Fishing, Boating, Picnics	<input type="checkbox"/>	<input type="checkbox"/>	12. Sports-Foot Ball, Volley Ball, Basket Ball etc	<input type="checkbox"/>	<input type="checkbox"/>
6. Shopping	<input type="checkbox"/>	<input type="checkbox"/>	13. Tennis, Badminton	<input type="checkbox"/>	<input type="checkbox"/>
7. Chess, Cards	<input type="checkbox"/>	<input type="checkbox"/>	14. Golf	<input type="checkbox"/>	<input type="checkbox"/>

## PAYMENT DETAILS

Payment Plan :      Full payment       Installments

Cash amount in Figures

Cash amount in Words :

### Cheque\*/Demand Draft payment

Cheque/DD No.

Dated

Bank Branch

Amount in Rupees  Rupees

\*cheque subject to realisation

### Credit Card payment

Card No.

Visa ☐ Master ☐ Diners ☐ Exp. Date

ME Code

Authorisation No. & Date

Date Month Year



## EMI PAYMENT DETAILS

Bank 1

Bank 2

Bank Branch

Account No.

Cheque No. From

Cheque No. To

No. of Cheques

EMI Amount Rs.

I/We do hereby confirm and declare that all information given above are true and correct and I/We am /are conversant with the rules and byelaws of the club, and do hereby agree to obey the club byelaws and rules.

Signature of the Applicant

Place

Date

## FOR OFFICE USE ONLY

Proposed by :

Seconded by :

Ballating :

Name

(1) Name

Positive

Negative

Membership No.

Membership No.

(2) Name

Membership No.

Signature

Name of the Hon. Secretary

Signature

Note : Cheque/Demand Drafts/Pay Orders should be in the name of "Orion Holiday Resorts Limited" only payable at Cochin. Payment in cash at the risk of the payee unless the same acknowledged through official receipt of "Orion Holiday Resorts Limited".



## ACKNOWLEDGEMENT FORM

(Need not be filled by the Applicant)

Name of Sole/ first applicant \_\_\_\_\_

Type of Membership :

Cost of Membership Rs : \_\_\_\_\_

Full payment/Installments      Cheque ☐      Demand Draft ☐      Cash ☐      Credit Card ☐

a) Cash : (Amt. in Rs.) \_\_\_\_\_ (Amt. in words) \_\_\_\_\_

b) Cheque/Demand Draft

c) For Credit Card Payment

Cheque/DD No \_\_\_\_\_ Card No. \_\_\_\_\_

Dated \_\_\_\_\_ Visa ☐ Master ☐ Diners ☐ Exp. Date \_\_\_\_\_

Bank Branch \_\_\_\_\_ ME Code \_\_\_\_\_

Authorisation No & Date : \_\_\_\_\_

Amount in Rupees : \_\_\_\_\_ Rupees : \_\_\_\_\_

\*Cheque subject to realisation

\_\_\_\_\_ Date Month Year

INSTRUMENTS      EMI Plan ☐ Years.

Bank 1

Bank 2

Bank Branch \_\_\_\_\_

Account No. \_\_\_\_\_

Cheque No. From \_\_\_\_\_

Cheque No. To \_\_\_\_\_

No. of Cheques \_\_\_\_\_

EMI Amount Rs. \_\_\_\_\_

Date of application			Name of Sales Executive	
Date	Month	Year		
			Branch	Signature

*Note. All payments must be in favour of M/s. Orion Holiday Resorts Limited. Detailed receipt shall be sent in due course.*