



*Fountain Pen Association of India*

Regd. Address: 55-1895, Pushkaraj Coop. Hsg. Soc., Subhash Nagar,  
Chembur, Mumbai - 400071. Email: fpassoind@gmail.com

**Facebook:** [www.facebook.com/fpassoindia/](http://www.facebook.com/fpassoindia/)

**Instagram:** <https://www.instagram.com/fpassoindia/>

Kindly fill in this form with a **Fountain Pen** and in legible handwriting. Strike-off whatever is not applicable. Attach self-attested copies of required documents. PARTICULARS MARKED WITH # ARE COMPULSORY. Please send the filled-in form to: Fountain Pen Association of India, C/o Mihir Govilkar, L/16, Ambekar Nagar, G.D. Ambekar Road, Parel, Mumbai – 400012.

**Membership Application Form – “Fountain Pen Association of India” (FPAI)**

**Ordinary Membership Fees: Rs.1500/- for 3 years.**

**Student Membership Fees: Rs.750/- for 3 years.**

<b>1</b>	Membership Category Applying For #	Ordinary/Corporate/ Student
<b>2</b>	Title #	Mr./Mrs./Miss/Ms./Dr./Other: _____
<b>3</b>	Full Name # (First Name, Middle Name, Last Name) (As per provided Govt. ID)	
<b>4</b>	Gender #	Male/Female/Trans
<b>5</b>	Date of Birth # (DD/MM/YYYY) (Attach Age Proof if below 18 years)	PAN Card/AADHAAR Card/Passport/Birth Certificate/School Leaving Certificate/Other: _____
<b>6</b>	Nationality #	Indian/Other: _____
<b>7</b>	Education	
<b>8</b>	PAN Card No. (Optional)	
<b>9</b>	AADHAAR Card No. (Optional)	
<b>10</b>	Marital Status	Single/Married/Divorcee/Widow/Widower
<b>11</b>	Residential Address	

<b>12</b>	<p>Employment Status</p> <p>Industry Type: Entity Name: Designation: Entity Address:</p> <p>(Students till 21 years of Age: Please attach copy of Student ID)</p>	Salaried/Self-Employed/Retired/Home-Maker/Student
<b>13</b>	Contact Details #	<p>Email: _____</p> <p>Mobile: _____</p>
<b>14</b>	Which pen and ink have you used to fill in this form? #	
<b>15</b>	When did you start using fountain pens? #	
<b>16</b>	Which is your favourite pen & ink? #	
<b>17</b>	Why do you want to join FPAI? #	
<b>18</b>	How can you contribute to the promotion of this hobby of collecting and using fountain pens? #	

<b>19</b>	What do you expect from FPAI as an Association? #	
<b>20</b>	What do you expect to learn from FPAI? #	
<b>21</b>	Are you willing to exhibit your collection at the FPAI events? #	



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Signature of Member

**Consent:**

I hereby give my consent to the "Fountain Pen Association of India" (also referred to as "FPAI") to send information, updates, greetings, confirmations and advertisement to me by way of SMS, E-mail, post, courier, push notifications and such other means as the "Fountain Pen Association of India" (also referred to as "FPAI") may use from time to time.

**Declaration:**

I hereby agree to abide by all the rules, regulations, terms and conditions as specified by the Charter of Association of the "Fountain Pen Association of India" (also referred to as "FPAI") and framed thereunder by the Board of Managers from time to time. I understand that I am responsible for all my actions or my dependants or my guests, representing me or acting for or through me, and will be liable for disciplinary action in case of any inappropriate behaviour or wrong doing committed by them or me, during any events/meets of the "Fountain Pen Association of India" (also referred to as "FPAI") or at any

As on 01.10.2018

such occasion or otherwise to the detriment of "Fountain Pen Association of India" (also referred to as "FPAI") in any manner.

I hereby confirm that the details mentioned by me in the Membership Application Form and the documents submitted by me are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_

Signature of Member

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

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FOR OFFICE USE ONLY	
Date of Receipt:	Self-Attested Copies Attached:
Received By:	Signature:

Data Entry Done By:	Data Entry Done On:
Scanned On:	
Scanned By:	Signature:

Membership Start Date:	Membership Valid Till:
Member's Full Name:	
Membership No.:	
Remarks:	

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