

PLAYERS MEMBERSHIP FORM



MEMBERSHIP FORM NO:: _____

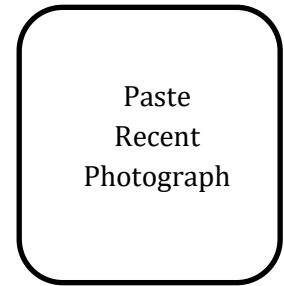
APPLICATION DATE:: _____

APPLICATION ACCEPTED ON:: _____

..... (To be filled by the Office of Association)

NAME:: _____

ADDRESS:: _____



DATE OF BIRTH:: _____

PLAYED FOR INDIA:: TEST	No Of Matches	_____
ODI	No Of Matches	_____
T20	No Of Matches	_____

RETIRED FROM CRICKET ON:: _____

WHEN DID YOU REPRESENT MUMBAI IN:: (Which Year) _____

Note: Kindly submit anyone of the following documents for Address and Date Of Birth Proof:
1) Adhar Card 2) Passport 3) Voter ID

Declaration::

- 1) I hereby confirm that I have not opted for membership of any other Association.
- 2) I hereby understand that the information provided in this Form and the supporting documentation may be independently verified for accuracy, truthfulness and completeness by the MCA and in the event that it is found that any information in the Form or in the supporting documentation is inaccurate, false or misrepresented, my eligibility to participate in the MCA Election shall be revoked, cancelled or rendered void.

Date:: _____

(Signature)