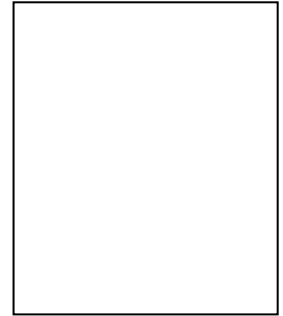


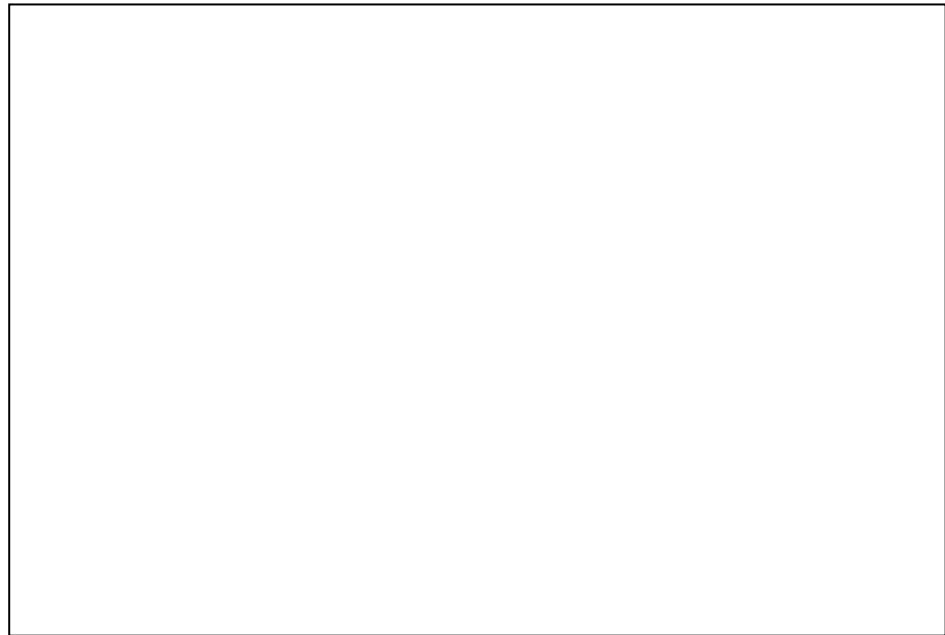
Joining Form

First Name : _____
Last Name : _____
Email Id : _____
Contact No. : _____
Address : _____



Person refers you to join this movement: _____

Your Opinion about this movement:



Date : _____

Signature