



# RESIDENT WELFARE ASSOCIATION CLOUD 9 HILL TOWN (REGD.)

BHOWALI - MUKTESHWAR ROAD, KHABRAR, P.O. SATBUNGA, TEH. & DIST. NAINITAL - 263132, UTTARAKHAND

Email : [rwacloud9hilltown@gmail.com](mailto:rwacloud9hilltown@gmail.com) [management@cloud9rwa.com](mailto:management@cloud9rwa.com), [www.cloud9rwa.com](http://www.cloud9rwa.com)

## Membership Form

Plot/Cottage No.: \_\_\_\_\_

To,  
The General Secretary,

RWA, CLOUD9 HILL TOWN,  
58-D, Pocket -1, Sunshine Apartments,  
MayurVihar, Phase -3,  
New Delhi - 110096.

Paste Legal Owner's  
latest colour photo  
here

Paste latest colour  
photo of person  
representing the  
owner in place of legal  
owner

Please affix one additional picture of each for ID card

Owner Name (In Capital): \_\_\_\_\_ Age: \_\_\_\_\_ Yrs  
(Write all names in case of joint owners)

Address - \_\_\_\_\_

Mobile no - \_\_\_\_\_ ; e-mail id: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of person to represent in RWA: \_\_\_\_\_ Age : \_\_\_\_\_ yrs

Address - \_\_\_\_\_

Mobile no - \_\_\_\_\_ ; e-mail id: \_\_\_\_\_

Occupation: \_\_\_\_\_

S.no	Name Of family Members	Age	Relationship	Blood Group
1.				
2				
3				
4				

Yes I am willing to share my details with fellow members through membership register.

No, I am not willing to share my details

Dear Sir/madam,

I have bought a Plot/Cottage/Completed construction of my cottage at Cloud 9 Hill Town, Khabrar and my Plot/ Cottage number is \_\_\_\_\_. I would like to become a member of the Resident Welfare Association Cloud 9 Hill Town (regd). I have read and understood the Memorandum and Articles of the RWA and I agree to abide by the same including advisory(s) issued by RWA. I give my consent to receive correspondence through SMS's , E-mails, couriers etc. from RWA. I am remitting an amount of **RS. 4500 /-** which includes one time admission fee of **Rs.2000/-** and **Rs.2500/-** towards annual subscription fee vide Cheque/Draft/Online transfer, bearing NO: \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on (Bank & Branch)\_\_\_\_\_

(Pls write your name, plot no. & mobile no. on the back of the cheque) issued in favour of **Resident Welfare Association Cloud 9 Hill Town.**

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

Signature(s)\_\_\_\_\_

Note: RWA membership does not in any way exonerate the members from paying their outstanding dues (balance amount/registration fee/water & electricity connection charges etc.) to the builder if any.

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FOR OFFICE USE ONLY

Name of member:\_\_\_\_\_Plot/Cottage no:\_\_\_\_\_

Name of representative:\_\_\_\_\_

Admission fee paid: Y/N : Amount : **Rs.2000/-**

Annual Membership paid Y/N: Amount : **Rs.2500/-**

For year \_\_\_\_\_ to \_\_\_\_\_ vide Cheque/Draft/Online transfer no:\_\_\_\_\_

Drawn onbank \_\_\_\_\_

Membership no: CL9/2016/\_\_\_\_\_ Approved by: \_\_\_\_\_ Gen. Sec/President