

# Membership Registration Form

(Note : \* Fields are compulsory)

1. Primary Email\* : .....
2. First Name\* : .....
3. Middle Name : .....
4. Last Name\* : .....
5. Maiden Name : .....
6. Date Of Birth\* : .....
7. Gender\* : .....
- a. If Male : Did you study at LMGC? : Yes:  No:

If Yes then Referral details required\*

- i. Referral's Name : .....
- ii. Referral's Contact No : .....
- iii. Referral's Address : .....

**OR**

iv. Scanned copy of Marksheet/Report Card/Letter from the Principal

- b. If Female : Select one :
  - a. Alumni:
  - b. Teacher Cum Alumni: 
    - I. Teacher from year\* :.....
    - II. Teacher to year\* :.....
  - c. Teacher:

8. Student from year : .....
9. Student to year : .....
10. Batch year : .....

11. Last School Leaving Exam\* :

a. If male and studied at LMGC is Yes\* :

- |       |                          |        |                          |
|-------|--------------------------|--------|--------------------------|
| I. 1  | <input type="checkbox"/> | III. 3 | <input type="checkbox"/> |
| II. 2 | <input type="checkbox"/> | IV. 4  | <input type="checkbox"/> |

b. If female:

- a. Senior Cambridge – XI
  - b. ICSE – X
  - c. ISC – XII
  - d. Other
- Class Name : .....

- 12. House\* : .....
- 13. Secondary Email : .....
- 14. Secondary Number : .....
- 15. WhatsApp Number : .....
- 16. Primary Number\* : .....
- 17. Postal Address : .....
- 18. Country\* : .....
- 19. State\* : .....
- 20. City\* : .....
- 21. Pin code\* : .....

22. Other relatives who have studied/taught/worked in La-Martiniere\*:

- I. Yes
- II. No

If Yes then\*:

- i. Student : Yes  No

(If Yes then fill at-least one\*)

- a. Name:..... Relationship:.....  
From:..... To:..... LMC/LMGC:.....
- b. Name:..... Relationship:.....  
From:..... To:..... LMC/LMGC:.....
- c. Name:..... Relationship:.....  
From:..... To:..... LMC/LMGC:.....
- d. Addition Family: .....

- ii. Teacher : Yes  No

(If Yes then fill at-least one\*)

- a. Name:..... Relationship:.....  
From:..... To:..... LMC/LMGC:.....

b. Name:..... Relationship:.....  
From:..... To:..... LMC/LMGC:.....

c. Name:..... Relationship:.....  
From:..... To:..... LMC/LMGC:.....

d. Addition Family: .....

iii. Non – Teaching Staff : Yes  No

(If Yes then fill at-least one\*)

a. Name:..... Relationship:.....  
From:..... To:..... LMC/LMGC:.....

b. Name:..... Relationship:.....  
From:..... To:..... LMC/LMGC:.....

c. Name:..... Relationship:.....  
From:..... To:..... LMC/LMGC:.....

e. Addition Family:  
.....  
.....

23. Current Occupation (Please share any details or link to website):  
.....  
.....  
.....

24. I'd like to hear about my Alma Mater regularly. Please email me about :  
a. All Ongoing events (about once a week)   
b. Traditional events only (Sports Day, Founders Day, Inter-School Matches)   
c. Alumni Reunion or Alumni related information only

25. Attach scanned copy of recent photograph\*

26. Select any one type

- a. For Male :
  - i. ONE Year- Rs 500/-
  - ii. FIVE Years-Rs 2000/-
- b. For female :
  - i. ONE Year-Rs 500/-
  - ii. TEN Years-Rs 4000/-
  - iii. LIFE TIME- Rs 15000/-