92nd SOUTH INDIA THEOSOPHICAL

CONFERENCE

THE THEOSOPHICAL SOCIETY

ADYAR, CHENNAI-600 020, INDIA

1. Name: ……………………………………………………..……

2. Nationality:…………………….3. Date of Birth……………….

4. Address (in home country):……………………………………..

5. E-Mail:…………………………………………………………..

6. Phone/Mobile Number:………………………………………….

7. Occupation (if retired, former occupation):……………………..

8. Date of Joining the T.S………….9. Diploma No……………….

10. Section / Federation / Lodge to which attached and whether now in good standing as a member:

..........................………………………………………………..

11. Proposed duration of stay in Adyar:

From:……………………………………………To: …….………………………..

12. Details of person(s) accompanying:-

 Sl.No. Name Age Member Details Relationship

13. Special Request, if any: …..……..…………………….

 Signature

Signature of applicant:

 Date: