



Karnataka Planters' Association

FOURTH SCHEDULE

The Secretary
Karnataka Planters' Association
Post Box No.18
Spencer Road
CHIKMAGALUR – 577 101

Date :

Dear Sir,

Please submit this application for *Association/Firm/Personal Membership of the KPA to your Executive Committee.

I/We agree to pay the Annual Subscription and any other Subscription, which the Association may fix in General Meeting.

I/We have read the Rules of the Association and agree to abide by them in so far as they are applicable to me/us.

Yours faithfully,

(Signature)

Name of the *Association / Firm / Personal and full _____

Address. _____

Elected to Membership by the Executive Committee on

Entered in the Register of Members on _____ No _____