

Lucknow Cosmetologists & Beauticians Association



LCBA MEMBERSHIP

Recent
Passport
size photo

No.

Name* :
Father/Husband Name* :
Date of Birth :
Qualification* :
Office/Parlour* :
Residence* :
Phone No.* :
Mobile* :
Email-id* :
Date of Issue/Valid upto* :

***Please attach passport size photograph.**

N.B. : Form duly filled in to be returned to Jwala Hospital, D-2226, Indira Nagar, Lucknow.
Phone No.: 0522-2359673 Fax: 0522-4009715

Membership Fee

- | | |
|---------------------|------------|
| 1. Annual Member | Rs. 1000/- |
| 2. Life Member | Rs. 3000/- |
| 3. Corporate Member | Rs. 5000/- |
- Amount will be paid by cash/cheque/DD in favour of **LCBA**.

Required Documents

1. Certificate of Qualification.
2. Address proof of Parlour/Resident.
3. One passport size photograph.

Treasurer
For **LCBA**
Office: Jwala Hospital,
D-2226, Indira Nagar, Lucknow.

Phone No.: 0522-2359673, 4009715

