

MEMBERSHIP FORM

The Hon. Gen. Secretary
The National Association for the Blind,
Karnataka Branch
C A Site No. 4, NAB Road,
Jeevan Bhima Nagar, Bangalore – 560 075

Date: _____



Dear Sir,

I/We the undersigned am/are interested in the Welfare & Rehabilitation of the Blind, wish to become a Life member / Ordinary member / Institutional member of the National Association for the Blind, Karnataka Branch, I/We furnish the following particulars:

Name (First/Last): _____

Address : _____

Contact Tel. No.: _____ Contact Mobile No: _____

Email Address: _____

Date of Birth: _____ Date of Wedding: _____

I/We am/are enclosing a cheque / DD/ M.O/ Cash payable to "**National Association for the Blind**" for a sum of Rs. 10,100 / 1,050 / 505,000 towards Admission fee and Donation / Subscription

Online Payment to Account Name "**National Association for the Blind**"

Account No: 89240100010208 | IFSC: BARB0VJINBA | Bank of Baroda, Indiranagar

Lifetime Member:

Lifetime member Admission fee: Rs. 100/-

Lifetime member Donation: Rs. 10,000/-

Ordinary Member (Annual):

Ordinary member Admission fee: Rs. 50/-

Ordinary member Annual Donation: Rs. 1,000/-

Institutional Member (Annual):

Institutional member Admission fee: Rs. 5,000/-

Institutional member Annual Donation: Rs. 5,00,000/-

Signature of the applicant: _____

Name of the Proposer: _____

UPI
Scan to Pay



Signature of Proposer: _____

For Office Use Only

Approved in the G C meeting held on: _____

Membership Number allotted: _____

Signature of Administrative Officer:

Signature of Accounts Officer: CEO: