

## 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: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

UPI  
Scan to Pay



### For Office Use Only

Approved in the G C meeting held on: \_\_\_\_\_

Membership Number allotted: \_\_\_\_\_

Signature of Administrative Officer:

Signature of Accounts Officer:

CEO:

Email: [ceo@nabkarnataka.org](mailto:ceo@nabkarnataka.org) | [gensec@nabkarnataka.org](mailto:gensec@nabkarnataka.org)