

MEMBERSHIP FORM

The Hon Gen Secretary
The National Association for the Blind
Karnataka Branch
C A Site No.4, NAB Road
Jeevan Bima 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 / institutional member of the National Association for the Blind, Karnataka Branch, I/We furnish the following particulars:

Name & Address :

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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 for a sum of Rs.5,100/ Rs.25,100 towards Admission fee and Subscription.

Life Member	:	Admission Fee	: Rs.100/-
		Life time membership fee	: Rs.5,000/-
Institutional Member:		Admission fee	: Rs.100/-
		Lumpsum	: Rs.25,000/-

Signature of the applicant:
Name of the Proposer :
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 _____