

PARIVAAR

A NATIONAL CONFEDERATION OF PARENTS' ORGANISATIONS

(For Persons with Mental Handicap/Mental Retardation, Autism, Cerebral Palsy & Multiple Disabilities)

Registered under the Societies Act 1860 Regn. No. S-30635 of 1996

C 4/5, S.D.A.I Floor, Opp. IIT Main Gate, NEW DELHI – 110 016, Tel: 26964379

APPLICATION FOR MEMBERSHIP
(Put tick mark wherever required)

Membership No.

1.	Name of the Applicant Association				
2.	Complete Address (with Pin Code)				
3.	Telephone Nos. (with STD code)				
	Fax No.		Email:		
4.	Parent Association		Professionals' Association		Voluntary Organisation
	Registered under Society's Regn. Act		Regn. No.		Date:
	Registered under Public Trust Act (Copies of Regn. Certificates & a copy of constitution to be enclosed)		Regn. No.		Date:
5.	Disability working for:	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Autism	<input type="checkbox"/> Multiple Disabilities
6.	No. of Members : PARENTS & SIBILINGS		NON-PARENTS:		
7.	Name & Complete Residential Address (with Pin Code) of				
	President		Secretary		
	Tel.No. (Res):		Office:		Tel. No. (Res):
	Fax No.:		Email:		Office:
8.	Category of Membership & Membership Fees (April to March)				
i)	PATRON	One time lumpsum Corpus Donation of NOT LESS THAN Rs. One Lakh			
ii)	MEMBER	One time Corpus Donation : Rs. 1000/- + Annual Fee: Rs. 1500/- (Total = Rs. 2500/)			
iii)	AFFILIATE MEMBER	One time Corpus Donation : Rs. 1000/- + Annual Fee : Rs. 1500/- (Total=Rs.2500/-)			
9.	DECLARATION: We have read the Constitution of PARIVAAR and agree to abide by the same. Our membership shall be subject to approval by the Executive Council of PARIVAAR. If admitted, we shall work for fulfillment of the aims and objectives of PARIVAAR.				
10.	Enclosed One time Corpus Donation and Membership Fees of Rs. _____ in Cash / DD No. (DD in favour of PARIVAAR NFPA payable at Bangalore) _____ dated _____ on _____ (Bank) (mail the form to: PARIVAAR Administrative Office, # 12, 8th Main, 3rd Cross, Byrasandra Layout, Jayanagar 1st Block (East), Bangalore – 560 011, Mob: 9844043996)				

Date: _____

Rubber stamp of the Association

Signature of President/Secretary

FOR OFFICE USE:

Application Recd. on _____ Receipt No. _____ Date _____

Treasurer's Signature _____ Date _____ Gen. Secretary's Signature _____

Membership : APPROVED / NOT APPROVED BY E.C. on at the E.C. Meeting held at _____