

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:	Mental Retardation	Cerebral Palsy	Autism	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):	
	Email:		Office:			
8.	Category of Membership & Membership Fees (April to March)					
i)	PATRON	One-time lump sum Corpus Donation of NOT LESS THAN Rs. five 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 Pune) _____ dated _____ on _____ (Bank) (mail the form to: PARIVAAR Administrative Office, Pune- Cdr SN A-1, Green Acres CHS, Salunke Vihar Road, Pune 411048.)					

Date: _____ Rubber stamp of the Association

Signature of President/Secretary