



Blind Persons' Association

Tilak Nagar Akshay CHS; Building No 62, B/103, Tilak Nagar west, Tilak Nagar Mumbai 400089

Office Mob : 7039101947 / Email Id: 1947.bpa@gmail.com

MEMBERSHIP APPLICATION FORM

To,
The Hon. Gen. Secretary.
Blind Persons' Association.
Mumbai.

PHOTO

Sir/ Madam,

Being desirous of becoming an ordinary member/life member of Blind Persons' Association , I hereby apply to be admitted for the same. I agree to abide by the rules and regulation of the said association.

I enclose or forward by cash/cheque the sum of Rs: 51/- as admission fee and annual subscription for the current year Rs: 500/- as life membership. Particular mentioned below are true to the best of my knowledge and belief.

PERSONAL INFORMATION

Full Name:
(In block letters beginning with surname)

Address :

Date of Birth/ Age:

Mobile / Telephone no :

Email ID:

Vision Criteria : Sighted/ Partially Sighted / Blind

ACADEMIC VITALS
Educational Qualification :
Knowledge of Braille :
Vocational / Professional Qualification, If any:

<u>PARTICULARS ABOUT SOURCE OF EARNING</u>
Government /Private/ Self Employment :
Office Address:
Office Phone Number:
Monthly Income :

FAMILY DETAILS
Marital Status :
Total Members:
Total Earning Members in the Family:
Total Income of the Family:

Date :

Place:

Signature/ Thumb Impression

Note: Documents to be attached: Copy of 1) Address proof 2) Identify Proof 3) Disability Certificate.