

Life Membership Application Form

(All details to be filled in BLOCK LETTERS)

Paste your
Recent
coloured
passport
size photo.

To
The General Secretary
Blind Persons' Association
6B, Panchanantala Road, 2nd Floor, Kolkata – 700 029
Phone : +91 94321 28293, +91 90076 91418
E-Mail : bpa^{india}@gmail.com, Web : www.bpa.org.in

Dear Sir

I Sri/Smt. having full confidence in the aims and objectives of Blind Persons' Association voluntarily express my desire to enroll myself as a Life Member of the Association on payment of ₹ 250. I assure you that I shall take active interest in its activities as a sincere member to the best of my ability.

Particulars

1. Applicant's Name:
2. Father's Name :
3. Sex :
4. Address :
Village/Locality : Road/Street :
P.O. : Dist..... PIN.
Mobile No. : E-mail
5. Date of Birth :
6. Marks of Identification :
7. Cause of Blindness :
8. Age of onset of Blindness :
9. Type of Blindness(✓) : Blind/Low vision
(Please attach Disability Certificate)
10. Number of Blind or other handicapped members in the family (if any) :
11. Qualification:
a) Academic Education :
b) Vocational Training :
c) Any other :
12. Occupation :
a) In case of Student
Institution : Class :
b) In case of Employee
Place of Employment : Position held:

Place :

Date :

L. T. I. or Signature of the Applicant