

BLIND PERSONS' ASSOCIATION

Regd. No. 20088/506 of 1951-52

6B,Panchanantala Road, 2nd Floor, Kolkata – 700 029

Phone : (033) 2437 7206

MEMBERSHIP FORM

Reading the aims and object of BPA I Sri/Smtvoluntarily express my desire to enlist name as its member. I shall pay the annual subscription of the association regularly and will take part in all the activities on it according to my capacity.

Name.....

.Father's Name.....

Address [local].....

.....Phone.....

[Permanent].....

.....Phone.....

Sex.....Date of Birth.....

Onset of Blindness

Age.....Cause.....

Whether totally or partially.....

Occupation : Student.....employed.....unemployed.....

If employed details of employment.....

Family income.....Personal income.....

Other sightless or handicapped member in the family.....

Marks of identification.....

Date.....

Signature or L T I