

Organization's Membership Form

1	Name of the Organization :				<i>Please Paste a recent PP Size PIC of Endorsing Authority of your Organization</i>
2	Registered Year of Organization:				
3	Name of the representative:				
4	Endorsing Auth. (Secretary/President)				
5	Website/URL/Social Networking :				
6	Address :				
	City	State & PIN			
7	Email ID				
8	Telephone				
9	Active in this Field Since				
10	Mode of Participation	<i>(Kindly select the options)</i>			
	<input type="checkbox"/> Internet Based	<input type="checkbox"/> BD Camps	<input type="checkbox"/> Education Programmes	<input type="checkbox"/> Motivational Programmes	
11	Member of any Federation/Related organization:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<i>(if yes, Please mention the name)</i>				
12	Honours & Awards:				
13	Participation in State Level/National/International Events:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<i>(if yes, Please mention the name)</i>				
14	Other Recognitions, if any :				
15	Mode of Payment for Membershp:	<input type="checkbox"/> Cheque/Demand Draft	<input type="checkbox"/> Online	<input type="checkbox"/> Cash	
	<i>(Please mention the Cheque/DD/OnlineTransaction NO./ Cash Receipt No.)</i>				
Declaration: Dear Sir, 1) I am desirous of being a member of Federation of Indian Blood Donor Organizations. 2) I agree with the aims & objectives of Federation of Indian Blood Donor Organizations. 3) I will not carry on activities which may be detrimental or harmful to the interest of Organizations. 4) I do understand that, FIBDO can accept/deny/hold the membership without stating any cause.					
<i>(Signature with Seal)</i>					
Checklist of Enclosure: 1) Registration Certificate of Organization 2) ID & Address Proof of Endorsing Authority 3) ID & Address Proof of Authorized Representative					