



AAP International
.....Working to restore Hope , Dignity and Health

MEMBERSHIP FORM

AAP International

29, Sant Nagar, East of Kailash,

New Delhi – 110065

Full Name of the Applicant: _____

Sex : Male _____ Female _____

Nationality _____

DOB : Day _____ Month _____ Year _____

Address (Residential): _____

_____ Tel: _____

Fax _____ Mobile: _____

Address (Business): _____

_____ Tel: _____

Fax _____ Mobile: _____

Website: _____

Preferred Mailing Address

Home

Business

Tele. No. : _____

Occupation: _____

Date of Membership Applied: _____

Type of Membership: _____

Educational Qualifications: (attach separate sheets, if necessary)

Technical /Professional Qualifications: (attach separate sheets, if necessary)

Full Name of the Employer/Organisation

Designation: _____

In what way can you contribute to and benefit from objectives/activities of AAP International (attach separate sheets, if necessary)

Membership Fee:

Individual Membership- General	Rs. 1000/-
Individual Member –Associate	Rs. 2500/-
Corporate life membership	Rs. 5000/-
Lifetime membership	Rs. 50,000

Note:

1. All applicants to send payments through Cheque/Demand Drafts only.
2. All Cheques/Drafts to favour "AAP International" payable at New Delhi.

Donations/Funds are exempted under section 80G of IT act.

FOR OFFICIAL USE ONLY

1. Date of Receipt _____ 2. Bank Draft / Cheque No. _____ for
Rs. _____ drawn on _____

