

Handicapped Children's Parents Association

Plot-K (Behind Plot-13) Institutional, Sector-5 Dwarka, New Delhi 110075 INDIA

Phone : 011-25088188 Email : hcpaindia@ yahoo.com

Application for Donor Membership

Particulars	Applicant
Name	
Occupation	
Phone Res.	
Phone Office	
Mobile	
E-Mail	
Address with Pin code	

Please tell us something about yourself and your family. Please also tell us lwhy do you want to become a donor member of HCPA

I hereby request you to enroll me as a donor member of Handicapped Children's Parents Association.

I enclose cash/cheque/DD No. datedfor Rs.Rupees..
(.....) drawn onBank or

Or

I attach details of Electronic payment of Rs..... in your bank

Signature :.....

Place

Date.....

For Office use only

Donor Request->>	Sl No		.President	
Accepted		Receipt No.	Secretary	
Rejected		Dated	Treasurer	