

For office use only

Member ID :

Donor ID :



ZUBLEE FOUNDATION

encouraging organ donation

Paste your photo here

House No. 35, First Floor, Bhaskar Nagar, Bye lane - 1, Near Guwahati Commerce College, Guwahati-781003, Assam
+91 97066 95775 | info@zubleefoundation.com | www.zubleefoundation.com

MEMBERSHIP FORM

Name :

Father's Name :

Address :

.....

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E-mail : Mobile :

Date of Birth : Blood Group :

Please Tick [√] on the appropriate box :

Sex : Male Female

Occupation : Student Service Business Self-Employed

Type of Membership : Special Invited Life-Time Individual Family

Group Corresponding

Annual Membership Dues : ₹ 100 ₹ 200 ₹ 5000 Not Applicable

Are you Physically Disable ? Yes No

If yes, please mention :

Do you want to pledge your organs ? Yes No

Are you working with any other NGO ? Yes No

If yes, please specify :

TERMS AND CONDITIONS

1. Dues are on a 12 months basis from the date of registration.
2. Non payment dues by a member shall be considered equivalent to resignation.
3. The powers and privileges of a member shall not be transferable.
4. Every member would be given a membership card from the Foundation but it is non-transferable and can not be shown anywhere for any personal benefit or interest.
5. Misuse of the membership card is strictly prohibited and if found, membership may be terminated permanently and legal action may be initiated.
6. The members of the Foundation will be informed prior to any event and so the presence and support is kindly solicited.
7. The Board of Directors has got the final approval on the classification of membership and may approach any of the General Members to be a part of Honorary or Life Membership keeping in view on their support and contribution towards the Foundation.
8. As we act as an NGO and working for the society without any profit making intension, therefore no perks or salary will be given to any member.

I / We, hereby willingly and unconditionally have come forward to join hands and work together with sincere support for the cause.

Date :

Signature :

Place :

Name :

BE AN ORGAN, EYE AND TISSUE DONOR