



Early Childhood Association MEMBERSHIP FORM

TICK ON THE TYPE OF MEMBERSHIP:

☐ Life membership – Rs. 5000/-

☐ Membership for two years – Rs 1800/-

☐ Membership for three years – Rs 2500/-

☐ Yearly membership - Rs 1000/-

Name and Surname: _____

Designation: _____

Name & complete Address of the school/organization/institution: _____

_____ Pincode: _____

Contact No: _____; Mobile: _____

Email Address: _____

Website: _____

Kind of organization: _____

Residential address: _____

_____ Pincode: _____

Contact No: _____; Mobile: _____

Email Address: _____

Signature: _____

Referred by: _____ Contact No: _____

FOR OFFICE USE ONLY

Payment Mode :

☐ Cheque

☐ Demand Draft

☐ Cash

(All Cheque's & DD to drawn in favor of 'Early Childhood Association')

Date of receiving the payment: _____; Cheque / DD number: _____

Bank Drawn on: _____

Type of Membership: _____

Date of Membership: _____

Membership expires: _____

Discount offered: _____

Any other Details: _____

Name of the person receiving payment: _____

Dated : _____