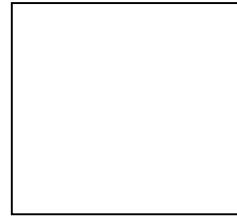


MEMBERSHIP FORM



Name _____

Address _____

Tel. No. (Res.) _____ Tel. No. (Office.) _____

Mobile No. _____

E-mail _____

Date of Birth _____ Educational background _____

Nationality _____ Occupation / Profession _____

Place of Work _____ Designation _____

Hobbies & Interest _____

Associated with any other Institute ? _____

Any Educational background related to special Education ? _____

How did you come to know about Prism Foundation ? _____

Applicant's Signature

Membership Categories

- 1) Corporate Member - Company, Trust, Institution - Rs. 25,000/-
- 2) Life Member - Anyone - Rs. 21,000/-
- 3) Patron Member - Anyone - Rs. 11,000/-
- 4) Associate Member - Professors, Teachers, Clinicians, Doctors, Psychologists, Therapists - Rs. 5,000/-
- 5) General Member - Anyone - Rs. 3000/-