

# Autism Society of India



Registered under the Karnataka Societies Act

Regn. No.: BLU-S160-2006-07 dated 16-5-2006

**Email:** autismsocietyofindia2006@gmail.com **Website:** www.autismsocietyofindia.org

**Regd. Address:** Flat #807, MN Orchid, Ananthapura Main Road, Yehalanka, Bangalore- 560 001 **Phone:** 09341245332

## Application Form for Membership

*To be filled in by parents of persons with ASD*

*(All fields marked \*are mandatory)*

I/We wish to apply for enrollment as Life Member of Autism Society of India.

\*Date: \_\_\_\_\_

Name of the parents (Father and / or Mother)\*: \_\_\_\_\_

Age: \_\_\_\_\_ E-Mail Id/s\*: \_\_\_\_\_

Mobile/Phone No./s\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ Pin\*: \_\_\_\_\_ State\*: \_\_\_\_\_

Profession/Business/Employment (Organisation & Designation): \_\_\_\_\_

Address of Office/Business: \_\_\_\_\_

City: \_\_\_\_\_ Pin: \_\_\_\_\_ State: \_\_\_\_\_

Name of my child\*: \_\_\_\_\_

Diagnosis\*: \_\_\_\_\_ Date of birth of the child\* (DD/MM/YYYY): \_\_\_\_\_

School / Institute attending/attended: \_\_\_\_\_

Other information I wish to share about the child / work / contribution to the field of Autism:

Amount of membership fees paid\*: Rs. \_\_\_\_\_ (Lifetime Membership is Rs. 2000/-)

Paid by cash / cheque/DD\* If paid by cheque/DD, details:

*(Cheque/DD must be drawn in favour of "Autism Society of India", payable at Bangalore)*

In case of online transfer by NEFT / RTGS, Bank details are : Account Name : **Autism Society of India** Account No: **60090486018**

**Bank of Maharashtra, Koramangala Branch**

IFSC code : **MAHB0001146**

I/We agree to abide by the rules and regulations of the Society.

Signature of the Parent\* \_\_\_\_\_

***(For office use)***

Received By: \_\_\_\_\_ Scrutinized by: \_\_\_\_\_

Approved by EC in meeting held on: \_\_\_\_\_ / Approval obtained by e-mail circulation

Treasurer: \_\_\_\_\_ ASI Membership No. allotted: \_\_\_\_\_

-----Acknowledgement Tear Off-----

## Autism Society of India



Received from Shri/Smt. \_\_\_\_\_ an application form dated \_\_\_\_\_ for enrollment as Life Member / Member of Autism Society of India, Bangalore, along with membership contribution of Rs. \_\_\_\_\_ by way of Cash / DD / Cheque No. \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_ Bank, \_\_\_\_\_ (Branch & Place).

Date: \_\_\_\_\_ Name and signature of Receiver \_\_\_\_\_

Donations to Autism Society of India are exempt from the Income Tax under Section 80G vide Notification No. DIT(E)BLR/80G/245/AABAA3266E/ITO(E)-1/Vol2010-2011 dated 11th March 2011

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