

ELDER CARE INDIA

Elders are venerable to us...

PHOTO

VOLUNTEER MEMBERSHIP FORM

(FILL WITH CAPITAL LETTER)

NAME- _____

MOBILE NO- _____ EMAIL- _____

ADHAR NO _____, OCCUPATION- _____

PERMANENT ADDRESS- _____

MALE/FEMALE- _____, DATE OF BIRTH- _____

QUALIFICATION- _____, GUARDIAN NAME _____

WHY DO YOU WANT TO BE A VOLUNTEER MEMBER? -

TERMS AND CONDITION - I wishing to become a volunteer member must abide by the following conditions
(a) I have a general membership of 3 months. (b) I will physically present in Eldercare India's training programs. (c) I must be present in my own district when a program is running in my district. (d) Eldercare India can appoint me as the in-charge/supervisor/manager/coordinator of any program as per my qualification and desire. (e) I will apply with appropriate reasons before leaving my voluntary membership and I will continue my work till Eldercare India approve this application. (f) Eldercare India has right to cancel/modify/update my volunteer membership any time. (g) No subscription / donation will be refunded after voluntary membership is cancelled/resigned.

Signature _____

President/Secretary _____

PLEASE ATTACH – XEROX COPY OF ADHAR CARD / VOTER CARD/ PASSPORT (WITH SIGNATURE)

