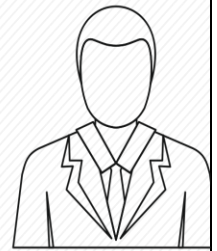




# SAI HEALTH FOUNDATION

Reg. No.: MH/606/2003/Pune/F19596 (Pune)  
Bungalow1, Silver Springs, Panchawati, Pashan, Pune - 411008  
Ph.: 9822307895, Email Id.: info@saihealthfoundation.org  
www.saihealthfoundation.org



## MEMBERSHIP FORM

No.:

I	
Name of the Member	<input type="text"/>
Residential Address	<input type="text"/>
Telephone No.	<input type="text"/> Mobile No. <input type="text"/>
Office Address	<input type="text"/>
Telephone No.	<input type="text"/> Email Id. <input type="text"/>
	<input type="text"/> Profession <input type="text"/>
Date Of Birth	<input type="text"/>

II	Members of the family	Name	Date of Birth
	Spouse		
	Child		
	Child		
	Wedding Anniversary	<input type="text"/>	

III	Health Details: Does any of your family member suffer from chronic Disease like Diabetes, B.P., Asthma, Cardio Vascular, Arthritic etc. If Yes, Please give details (*)			
Sr. No.	Name	Age	Disease	Since how long


<b>IV</b>	<p>Would you like to associate with S.H.F. If yes in what capacity? (Pls tick) Any one</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Members - Voluntary Services</td> <td><input type="checkbox"/> Organizing programs – Rural / Urban/ Charity Activities</td> </tr> <tr> <td><input type="checkbox"/> Member – Donation / Sponsorship</td> <td><input type="checkbox"/> Medical Support – Check up – Visits (Only for Doctors)</td> </tr> <tr> <td><input type="checkbox"/> Facilitator – Teaching / Training Activities</td> <td></td> </tr> </table>	<input type="checkbox"/> Members - Voluntary Services	<input type="checkbox"/> Organizing programs – Rural / Urban/ Charity Activities	<input type="checkbox"/> Member – Donation / Sponsorship	<input type="checkbox"/> Medical Support – Check up – Visits (Only for Doctors)	<input type="checkbox"/> Facilitator – Teaching / Training Activities	
<input type="checkbox"/> Members - Voluntary Services	<input type="checkbox"/> Organizing programs – Rural / Urban/ Charity Activities						
<input type="checkbox"/> Member – Donation / Sponsorship	<input type="checkbox"/> Medical Support – Check up – Visits (Only for Doctors)						
<input type="checkbox"/> Facilitator – Teaching / Training Activities							

Membership Details

Membership code	Membership (Preferred)
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Admission Fee: Rs. 500	<input type="checkbox"/>	Yearly Membership: Rs. 1,000	<input type="checkbox"/>
5 Years Membership : Rs. 5,000	<input type="checkbox"/>	Lifetime Membership: Rs. 10,000	<input type="checkbox"/>

Place :	
Date :	Signature

\* If required please attach additional sheet

<u>Bank Account Details</u>	
Payment to be made by Demand Draft/Cheque	
You can also transfer the amount by SWIFT/NEFT to our A/c as per details below:	
Cheque in the favour of "Sai Health Foundation"	A/C No : 000505031229
Beneficiary Bank : ICICI Bank	IFSC Code: ICIC0000005
Branch: Bund Garden Road, Pune,	

Cheque Details

Cheque No. & Date:	
Drawn From Bank _____	
Branch _____	
Date:	Signature of Trustee

For any query or certification, please feel free to call or email

Confirmed Membership of Mr. / Ms	<b>For Office Use Only</b>	
:		w.e.f. _____
to _____		