

National Thalassemia Welfare Society (Regd.)

ORGANISATION FOR AWARENESS OF THALASSEMIA AND TO HELP THALASSEMICS
 KG-1/97, VIKAS PURI, NEW DELHI – 110018 Tel. : 25511795, 9311166710-711 Fax : 91-11-28543576
 Website : thalassemiaindia.org E mail : ntws08@gmail.com
 (Estd. 1991, R. No. S/26823. Registered under Societies Registration Act XXI of 1860)

<p>MEMBERSHIP CHARGES</p> <p>Any person can become a member of the society.</p> <table border="1"> <thead> <tr> <th>Charges</th> <th>Inland</th> <th>Foreign</th> </tr> </thead> <tbody> <tr> <td>Patron</td> <td>Rs. 5,000</td> <td>\$ 500</td> </tr> <tr> <td>Life</td> <td>Rs. 500</td> <td>\$ 50</td> </tr> </tbody> </table>	Charges	Inland	Foreign	Patron	Rs. 5,000	\$ 500	Life	Rs. 500	\$ 50	<p><i>Life Membership No</i></p> <p>(Your L.M. No. is Printed on Address Label)</p> <p>Receipt No.....</p> <p>Date</p>	<p>Affix Patient's Photo Here & attach one more for I card</p>
Charges	Inland	Foreign									
Patron	Rs. 5,000	\$ 500									
Life	Rs. 500	\$ 50									

Membership Form

Sir, I wish to be enrolled a Patron / Life member / Donor of National Thalassemia Welfare Society and Volunteer to promote its aims and objectives.

Parents Name in Full (BLOCK LETTERS) _____

Relation with Patient (if any) _____ Occupation _____

Correspondence Address (BLOCK LETTERS) _____

_____ Pin code: _____

Phone _____ Fax _____

I am sending herewith Cash/Cheque/Draft No. _____ Dated _____

Drawn on _____ for Rs. _____

Rs.(in words) _____

Date _____ Signature _____

Name of Patient _____ Date of Birth _____

Transfusion Centre _____ Blood Group _____

Hepatitis -B: Vaccination: No / Yes (Complete / Incomplete)

Hepatitis – B: Positive / Negative / Not Known

Hepatitis-C Positive/Negative/Not Known

HIV: Positive / Negative / Not Known

Sibling (s) (Brother / Sister)

1. Name _____ Age/Sex _____ Major/Carrier/ Not Known

2. Name _____ Age/Sex _____ Major/Carrier/ Not Known