# National Thalassemia Welfare Society (Regd.)

**ORGANISATION FOR AWARENESS OF THALASSEMIA AND TO HELP THALASSEMICS**
**KG-1/97, VIKAS PURI , NEW DELHI – 110018 Tel. : 25511795, 9311166710-711-712**
**Website : thalassemiaindia.org E mail : ntws2019@gmail.com**
**(Estd. 1991, R. No. S/26823. Registered under Societies Registration Act XXl of 1860)**

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| MEMBERSHIP CHARGES<br><br>Any person can become a member of the society.<br><br>Charges Inand Foreign<br>Patron Rs. 5,000 $ 500<br>Life Rs. 500 $ 50 | *Life Membership No …….*<br><br>(Your L.M. No. is Printed on Address Label)<br><br>Receipt No……..<br><br>Date ……. | **Affix Patient's Photo Here & attach one more for I card** |
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## 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 (BLOCKLETTERS)_____

_____Pin code:_____

Phone_____Email_____

I am sending herewith Cash/Cheque/Draft No._____Dated_____

Drawn on_____for Rs. _____

Rs.(in words)_____

Date_____ Signature_____

Name of Patient_____Date of Birth_____Gender: M/F

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