

INDIAN FAMILY OF CEREBRAL PALSY (IFCP)
Application form for LIFE MEMBERSHIP / DIRECTORY / SUBSCRIPTION / DONATION

I wish to enroll my self as a Life Member of Indian Family of Cerebral Palsy (Rs.2,000/
US \$ 150/-) / to purchase Indian Directory of Cerebral Palsy (Rs.325/-)/ to Subscribe IFCP
Newsletter for three years (Rs.300/ US \$ 50/-)/ Donation to IFCP.

My particulars are given below:

NameAge.....Profession

(Name of the child with cerebral palsy/CP Organization, if any

Date of birth of the child with cerebral palsy if any /Date of foundation of organization.

Herewith I am enclosing Cash / Cheque / DD No..... Drawn on.
Dated.....Rs.....(in words.....)
towards **Life Membership / Indian Directory of Cerebral palsy / Subscription / Donation.**

My address as follows:

Name.....

H.No House Name Lane / Cross / Street

Colony Post City / Village

Pin Code District State

Phone (STD Code.....)..... Fax E-mail.....

For life membership – I will abide by the constitution of IFCP. If found guilty, I may be removed from the association.

(DD or crossed cheque to be issued on the name of Indian Family of Cerebral palsy, Hyderabad)
(Kindly prefer to give DDs only. However, if not possible, please add Rs.40/- for outstation cheques)

Signature
Date

(You can print this application form and mail to IFCP along with your payment.)

President
Indian Family of Cerebral Palsy
Department of Neurosurgery
Nizam's Institute of Medical Sciences
Panjagutta,Hyderabad – 500082,A.P, India