



NATIONAL ASSOCIATION FOR THE BLIND (INDIA)

11/12, Khan Abdul Gaffar Khan Road, Worli Seaface, Mumbai - 400 030

QUESTIONNAIRE

Individual (Life/Ordinary) Membership of National Association for the Blind, India

1. Name: _____

2. Address: _____

AFFIX A PASSPORT
SIZE PHOTOGRAPH

3. Age: _____ Phone: (O) _____ (R) _____ (M) _____

E-mail: _____

4. Sighted / Partially Sighted / Totally Blind: _____

5. Educational Qualifications: _____

6. Present Occupation: _____ Designation: _____

7. Name of Office & Address: _____

8. Details of other Institutions or Welfare Organization of which you are a member: _____

9. Any particular aspects of blind welfare work you are interested in: _____

10. Would you like to be a volunteer to Promote activities for the Blind? _____

11. Recommended by:

Name: _____

Signature: _____ NAB (I) Membership No. _____

Signature of the Applicant: _____ Date: _____

----- **FOR OFFICE USE** -----

Remarks by the Executive Director _____
