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| An organization registered under the Societies Registration Act | **Registered office:** 12/51, Ground Floor, Corner Flat, Subhash Nagar, New Delhi-110027 INDIA**Website:** www.crossthehurdles.org**Email:** crossthehurdles@gmail.com |

**Please fill up the following form and send it to our registered office at the address given above.**

**Alternatively, you can send the duly filled form via email at the address given above.**

| Membership Application |
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| Applicant Information |
| Name: | Date of birth: |
| Email: | Phone: | Mobile: |
| Current address: |
| City: | State: | ZIP Code: |
| Gender (optional): | Marital status (optional): |
| Mother’s name: | Father’s name: |
| Highest education (with school/university name): |
| Occupation: | Employer: |
| Why do you want to join CTH? |
| Are you a person with disability? |
| Type of disability: | Since when? |
| Body functions affected: |
| **If you are a person with disability, you are exempted from paying membership fee. Please attach a photocopy or scanned copy of your disability certificate to avail this exemption.** |
| membership Fee and payment |
| For one year, the membership fee is **Rs. 1200**. You can pay this fee through cheque, demand draft or bank transfer |
| **Payment options:** | **Our bank details:** |
| Cheque (write cheque no): | A/c No: 02921450000057Bank name: HDFC BankIFSC code: HDFC0000292Branch code: 000292 |
| Bank Transfer (write your a/c no. and bank name): |
| Demand Draft (write DD no): |
| Cheques/DD to be made out **in favor of** Cross the Hurdles **Payable at** New Delhi |
| ID proof |
| Please attach a photocopy or scanned copy of your photo ID proof (e.g. Aadhar Card, Passport, Voter ID, Driving License etc.) |
| declaration and Signatures |
| By submitting above information, I hereby declare that all the particulars mentioned above are correct and true according to the best of my knowledge and understand that false or inaccurate information in the application will be the basis for cancelation of my application. If I am found to have concealed or distorted any information and misconduct; my joining shall be liable to termination without any prior notice. I understand no remuneration, salary or compensation will be given to any of my voluntary services to Cross the Hurdles. |
| Signature of applicant:*(If you are submitting the application by email, signatures are not required)* | Date: |