



THE WORLD ASSOCIATION FOR PSYCHOSOCIAL REHABILITATION (IC)

MEMBERSHIP APPLICATION FORM

Please affix recent passport size photograph

Please mail this Application form to: The Secretary, W.A.P.R (IC), "USHAKIRANA", 406-A/10, 7th Main, II Block, Jayanagar, Bangalore- 560 011. Email: wapr2009@gmail.com; Website: www.wapric.in

Application No. _____

Please Type or Print in CAPITAL LETTERS

- 1. Name: Mr./Ms./Dr.
2. Date of Birth / Age: 3. Nationality:
4. Qualification:
5. Profession (work experience/ background, including social service, if any):
6. Interest in Psychosocial Rehabilitation
7. Membership with similar organizations/social service organizations, please give details:
8. Present Address*
9. Permanent Address*
10. Mobile No. *Affix against the sl.no. of address for correspondence

Proposed by a life member Name Signature
Seconded by a life member Name Signature

Date: Signature of the Applicant:

Membership for which you are applying:

- 1. Life Member Rs. 1000-00 2. Institutional Member Rs. 5000-00

FOR OFFICE USE

Receipt No. Date

Terms and Conditions:

- 1. Membership fee paid is non-refundable and the membership is non-transferable.
2. Please attach address proof such as Voters id / Adhaar card, etc