



COMHAD

The Commonwealth Association for Health and Disability

(Recognized by The Commonwealth Foundation UK)

PLEASE
AFFIX
PHOTO

MEMBERSHIP APPLICATION FORM

Surname (Family Name) : _____

Given Name : _____

Professional Designation : _____

Address for Communication : _____

Telephone (with STD/ISD) : (O) _____ (R) _____

Mobile (with Country code) : _____ Fax: _____

e-mail : _____

Home / Professional address : _____

Telephone (with STD/ISD) : (O) _____ (R) _____

Mobile (with Country code) _____ Fax: _____

Profession (state specialty) / occupation : _____

(ie. Social worker, Teacher, Parent, Nurse, Doctor etc.) _____

Indicate your special interest or responsibility in the field of intellectual / development disabilities :

INFORMATION ABOUT YOUR ORGANISATION

If you already belong to any organizations or professional bodies working in the field of intellectual or developmental disabilities, please complete the details below for our record and communication.

Name : _____

Address : _____

Tel. No. (STD/ISD) : (M) _____ (O) _____

Fax _____ E-mail _____

Nature of Activities :

I wish to become a member of **COMHAD** & enclose membership fees for 10 yrs.
(Rs.2500/- for India / US \$ 50 for Developing Countries & US \$ 100 for Other Countries)
Kindly make Demand Draft payable to "**COMHAD**" with details below.

Drawn on Bank Branch

DD No. Date Amount

Name & Signature

Date :

(Seal)

Please send form with DD to : **Dr. Uday Bodhankar**
Secretary General COMHAD UK
Sharhari, Opp. Somalwar School, Ramdaspath, Nagpur-440 012 (M.S.) India
Email : ubodhankar@hotmail.com Fax : 0091-712-2428145 / 2421017
Website : www.comhad.org

Eligibility criteria

The membership will consist of Individual professional & non-professional members from Commonwealth Countries, individual professional & non-professional members from national organizations in the Commonwealth, Affiliated member organizations in the Commonwealth, and any other institution / association / society / NGO / Trust with similar objectives.
Eligible members should have at least 5 years involvement / contribution in the field of prevention and cure of physical or mental handicaps and developmental disabilities or related community or institution based work experience.