



UNITED NATION WELFARE FOUNDATION

A STEPS TOWARD HUMANITY

www.unwelfarefoundation.org | unwelfarefoundation@gmail.com

MEMBERSHIP FORM

(FILL THE FORM IN BLOCK LETTERS. PROVIDE A VALID ID PROOF ALONG WITH THE FORM)

NAME: _____

FATHER'S NAME: _____

NATIONALITY: _____ DOB: _____

GENDER: MALE FEMALE OTHERS BLOOD GROUP: _____

ADDRESS: _____

_____ POSTAL CODE: _____

EMAIL ID: _____

CONTACT NUMBER: _____

QUALIFICATION: _____

DID YOU WORK FOR ANY OTHER ORGANIZATION / NGO? YES NO

NAME OF THE ORGANIZATION (IF YES): _____

FIELD OF WORK: _____ EXPERIENCE IN YEARS: _____

YOUR MESSAGE / WHY YOU WANT TO JOIN UNWF: _____

PHOTO
HERE

TERMS & CONDITIONS

1. The UNWF does not hold liability for any unethical practice done by you.
2. That UNWF holds the right to terminate you at any time without giving prior notice to you, if find guilty of unethical practice.
3. That an I-Card is issued by the organization after becoming a Member or Officer. That I-Card is a property of the UNWF. Either if you get terminate or voluntarily resigns, you will not be further more entitled to use that I-Card.
4. That you will not get any of your donations refund, either if you get terminate or voluntarily resigns.
5. That the organization will not be used for any criminal activity or other illegal purposes. Whether fiscal or otherwise, in any jurisdiction and I understand that you may have an obligation to report any arrangement involving the proceeds of criminal conduct.
6. That I have never been convicted of any criminal offence (other than a minor motoring of fence) nor have I ever been declared bankrupt or the subject of an investigation by a governmental, professional or other regulatory or statutory body. If any please Specify in given column or write to us.
7. All disputes arising out of or in any way connected with this Organization shall be deemed to have arisen at Delhi, India being its registered Office and only courts in there shall have jurisdiction to determine the same.

I hereby, accept the above T & C and declare that the entries made by me in this form are correct to the best of my knowledge and nothing has been concealed therein. In the event of any information found incorrect, or violation of any rule of the UNWF, my appointment shall be liable to be cancelled at any time without any prior notice and I shall not be entitled to refund of any donation paid by me.

Place:

Date:

Note: Please Enclose

1. GOVERNMENT IDENTITY PROOF
2. PAN CARD
3. PASSPORT SIZE PHOTO
4. QUALIFICATION CERTIFICATE
5. POLICE VERIFICATION CERTIFICATE
6. EXPERIENCE LETTER

Signature of the Applicant
(SIGN INSIDE THE BOX)

FOR OFFICE USE ONLY

MEMBERSHIP NUMBER: _____

MEMBERSHIP TENURE: _____

APPLICATION RECEIVING DATE: _____

AUTHORIZED SIGNATORY