

# DISTRICT HOSPITAL WELFARE SECTION

## Distt. Branch Yamuna Nagar

Sec. 17, HUDA, JAGADHRI-135003 – Phone : 01732-237892

### MEMBERSHIP FORM

*I would like to become a Member of Yamuna Nagar Distt. Hospital Welfare Section at the following level*

**Life Member** : **Rs. 400/-**

**Annual Member** : **Rs. 100/-**

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
P.I.N.Code : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_  
E-mail : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Blood Group : \_\_\_\_\_

I understand that I have to abide by the Red Cross / Distt. Hospital Welfare Section Code of Conduct and that in case of failure to do so, my membership may be terminated.

I understand that I have to participate in at least four Red Cross / Distt. Hospital Welfare Section sponsored events every year and in case of failure to do so, the membership may be cancelled.

I am willing to undertake any training that the Red Cross / Distt. Hospital Welfare Section may require me to do in furtherance of objective of the Red Cross / Distt. Hospital Welfare Section.

Signature