DRISTI PROTIBONDHI UNNAYAN PARISHAD (DPUP), BANGLADESH

Non-Disabled / Associate Member Application Form

Join DPUP in advancing the rights, inclusion, equality and dignity of persons with disabilities

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Membership No.: _____ Date of Application: ____ / ____ / _____

1. Applicant's Personal Information

Full Name: _____

Father's / Mother's / Husband's / Wife's Name:

_____

Date of Birth: ____ / ____ / _____ [ ] Male [ ] Female [ ] Other / Prefer not to say

National ID / Birth Registration No.:

_____

Mobile Number: _____ Email Address: _____

Occupation: _____

2. Address

Present Address

House / Road: _____

Village / Ward: _____

Post Office: _____ Post Code: ____ Upazila / Thana: _____ District: _____

Division: _____

Permanent Address

House / Road: _____

Village / Ward: _____

Post Office: _____ Post Code: ____ Upazila / Thana: _____ District: _____

Division: _____

3. Relationship / Connection with Disability Inclusion

Select the option that best describes your involvement with DPUP's disability-inclusion work:

[ ] Family member / caregiver of a person with disability [ ] Personal assistant / support person

[ ] Disability rights activist / volunteer [ ] Teacher / education professional

[ ] Health / rehabilitation professional [ ] Social worker / community worker

[ ] Researcher / student [ ] Development professional / NGO worker

[ ] Friend / well-wisher / community supporter [ ] Other: _____

4. Type of Membership

[ ] Associate Member [ ] Supporting Member

[ ] Volunteer Member [ ] Other category: _____

5. Areas of Interest and Participation

[ ] Rights & Advocacy of Persons with Disabilities [ ] Inclusive Education

[ ] Skills Development & Training [ ] Employment & Livelihood

[ ] Health, Rehabilitation & Assistive Technology [ ] Accessibility & Universal Design

[ ] Women and Children with Disabilities [ ] Youth & Leadership Development

[ ] Community Development [ ] Research, Awareness & Communication

[ ] Fundraising / Resource Mobilization [ ] Volunteer Activities

[ ] Other: _____

6. Relevant Skills / Experience

Briefly describe your relevant skills, professional experience, community involvement, or other contributions you can offer DPUP:

_____

_____

7. Emergency Contact

Name: _____ Relationship: _____

Mobile Number: _____ Address: _____

8. Applicant's Declaration and Commitment

I hereby apply for membership of Dristi Protibondhi Unnayan Parishad (DPUP), Bangladesh as a non-disabled associate member. I confirm that the information provided in this application is true and correct to the best of my knowledge and belief. I support DPUP's commitment to the rights, dignity, equality, inclusion, accessibility and empowerment of persons with disabilities. I pledge to remain loyal to the objectives, values, rules and procedures of DPUP, and to contribute my time, skills, knowledge or support to disability-inclusive activities as needed. I understand that submission of this application does not automatically grant membership; membership will take effect only after the application has been reviewed and approved in accordance with DPUP's applicable rules and procedures.

Applicant's Signature: _____

Date: ____ / ____ / _____ Name: _____

9. Recommendation / Reference

Name of DPUP member / local representative:

_____

Membership No.: _____

Mobile: _____ Signature: _____ Date: ____ / ____ / _____

10. For DPUP Office Use Only

Date application received: ____ / ____ / _____

Verified by: _____

Verification status:

[ ] Verified [ ] In progress [ ] Additional information required

[ ] Membership approved: Yes [ ] No

Date of approval: ____ / ____ / _____ Membership No.: _____

Approved by: _____ Designation: _____

Signature and official seal: _____