DRISTI PROTIBONDHI UNNAYAN PARISHAD (DPUP), BANGLADESH

Membership Application Form

Equality • Dignity • Inclusion • Empowerment

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.:

_____

Blood Group: _____

Mobile Number: _____ Email Address: _____

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. Disability Information

Type:

[ ] Visual Disability [ ] Physical Disability [ ] Hearing Disability

[ ] Speech / Communication Disability [ ] Intellectual Disability

[ ] Psychosocial Disability [ ] Neurodevelopmental Disability

[ ] Multiple Disabilities [ ] Other: _____

Degree / level of disability, if known:

_____

Disability ID card / certificate no., if applicable:

_____

Assistive Devices:

[ ] None [ ] White Cane [ ] Wheelchair [ ] Hearing Aid

Other assistive device: _____

4. Education and Occupation

Educational Qualification:

[ ] No formal education [ ] Primary [ ] Secondary

[ ] Higher Secondary [ ] Graduate [ ] Postgraduate [ ] Other: _____

Current Occupation: _____ Institution / Org. (if applicable): _____

5. Membership Information

Type of Membership:
[ ] General Member [ ] Associate / Supporting Member [ ] Other: _____
Areas of Interest:
[ ] Rights & Advocacy of Persons with Disabilities [ ] Inclusive Education
[ ] Skills / Training [ ] Employment / Livelihood [ ] Health / Rehabilitation
[ ] Women & Children [ ] Accessibility [ ] Leadership / Youth
[ ] Community Development [ ] Other: _____

[ ] Yes [ ] No If yes, name of organization: _____

Previous membership in any DPO/NGO?

6. Emergency Contact

Name: _____ Relationship: _____

Mobile Number: _____ Address: _____

7. Applicant's Declaration

I hereby apply for membership of Dristi Protibondhi Unnayan Parishad (DPUP), Bangladesh. I confirm that the information provided in this application is true and correct to the best of my knowledge and belief. I pledge to remain loyal to the objectives, values, rules and procedures of DPUP, and to contribute positively toward advancing the rights, dignity, equality, inclusion and empowerment of persons with disabilities. 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 / Thumbprint:

_____

Date: ____ / ____ / _____ Name: _____

8. Recommendation

Name of recommending DPUP member / local representative:

_____

Membership No.: _____

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

9. 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: _____