

NATIONAL CENTRE FOR PERSONS WITH DISABILITIES
MEMBERSHIP FORM

I enclose a remittance of \$ _____

Membership Annual \$300.00

NAME: _____

ADDRESS: _____

IN BLOCK LETTERS

PHONE: BUSINESS: _____

RESIDENCE: _____

MOBILE: _____

EMAIL: _____

PROFESSION: _____

AFFILIATION(S): _____

Date: _____ Signature: _____

BENEFITS:

5% discount on goods and services.

Deposit-free rental of disability aids.

Other benefits as may be identified by the Board of Directors from time to time.

Date: _____

Secretary Board of Directors

The confirmation of payment to Republic Bank Account # 940801570601 in the name of NCPD and, the completed form should be scanned and sent to ncpdtrinidad@gmail.com