

NATIONAL CENTRE FOR PERSONS WITH DISABILITIES

MEMBERSHIP FORM

I enclose a remittance of \$ _____

- | | | | |
|---|--------------------------|--|--------------------------|
| 1. Ordinary Membership \$100 annually | <input type="checkbox"/> | 2. Lifetime Membership \$400 (one-off) | <input type="checkbox"/> |
| 3. Corporate Membership \$400 annually | <input type="checkbox"/> | 4. PWD Membership \$80.00 | |
| 5. Special – Both parents of an NCPD student (\$100.00) | <input type="checkbox"/> | 6. Honorary Membership (Conferred) | <input type="checkbox"/> |
- (Current fees as of 1st June 2022)

NAME: _____

ADDRESS: _____

IN BLOCK LETTERS

PHONE: BUSINESS: _____

RESIDENCE: _____

MOBILE: _____

EMAIL: _____

PROFESSION: _____

AFFILIATION(S): _____

REFERRED BY: _____

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 e-mailed to ncpdtrinidad@gmail.com