

FINGODAP

FEDERATION OF INDIAN NGOs FOR DRUG ABUSE PREVENTION

Membership Form

Name of the Organisation: _____

Address of the Organisation: _____

Phone (with STD code): _____ Mobile No : _____

E-mail: _____

Contact Person: _____

Designation: _____

Key activities: _____

Our organization will abide by FINGODAP's objectives/principles/values and will participate in its programs/activities on a sustained basis and provide updated information as per the requirement to strengthen its programs/activities.

Date: _____

Signature: _____

Name : _____

Designation: _____

Membership fee:

To become the FINGODAP member or to renew the membership, a draft of **Rs. 1000/- in favour of FINGODAP payable at New Delhi**, should reach the FINGODAP secretariat office any time during the financial year from 1st April to 31st March Annually.

Enclosure:

1. Society registration certificate
2. Profile of organization with ongoing activities
3. Statement of Purpose for the membership

FINGODAP Secretariat: SPYM, 111/9, Opp. Sector B-4, Vasant Kunj, New Delhi-70.
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