



**Membership Form GODS CHAMPIONS**

We wish to become a member under GODS CHAMPIONS Scheme of 'Self Esteem Foundation For Disabled'.

Name of the Member: \_\_\_\_\_

Name of the Parent:  
\_\_\_\_\_

Name of the Organisation  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact No: \_\_\_\_\_

Occupation of the Parent \_\_\_\_\_

Off Add (Working Parent)  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ \

Email Id: \_\_\_\_\_ Website: \_\_\_\_\_

I have read the terms and conditions of the GODS Champions Scheme  
And agree to abide by them

Date: \_\_\_\_\_

Signature: \_\_\_\_\_