

Asia Pacific Disability Forum (APDF) Membership Application Form

Organisation Name: _____	
Contact Details	Address: _____
	Telephone: _____ Fax: _____
	Email: _____ Website: _____
	Contact person: _____
	Designation: _____ Email: _____
	Contact person address: _____
Legality	
Date founded: _____	
Legal status: _____	Name of law: _____
<p>Is your Organisation operating at a regional or national level?</p> <p><input type="checkbox"/> International <input type="checkbox"/> Regional (_____) <input type="checkbox"/> National <input type="checkbox"/> Others (_____)</p> <p>Please list the types of disability which your organisation looks into:</p>	
Organisation Profile	
<p>Does your Organisation have chapters or branches? If yes, how many? _____</p> <p>Names and addresses of branches (please use separate sheet if necessary):</p>	
Other Membership	Please list other organisations (national, regional or international) with which your organization is affiliated to: (please use separate sheet if necessary)
Organisation Activities	Please list activities of your organisation:
Membership Fee	<input type="checkbox"/> 1 year – JPY 5,300 (US\$50) <input type="checkbox"/> 2 year – JPY 10,600 (US\$100)
<p>Please transfer fees to: Mitsui Sumitomo Banking Corporation, 273 (Takadanobaba Branch), Bank account no.4148623 Attn: APDF Ryosuke Matsui</p> <p>NOTE: Bank charges & exchange commission should be borne by remitters</p>	

