



Center for Negative Blood Group Response & Research(CNBRR)

Membership No:

Name:

Name of Guardian if age<18 years):.....

Date of Birth:

Blood Group:

Member of any other Blood Donation Organization:

Telephone no:

E-mail address:

Mailing address:

.....
.....

Permanent address: Father's name.....

Mother's name.....

.....
.....

Reference member & his/her phone no:

.....

I solemnly declare that the above information given by me is true and after being a member of *CNBRR*. I will abide by the rules and regulations according to the constitution, I also promise that I will try my best to provide my maximum efforts for the future development of *CNBRR*.

Signature of the applicant Date:

Decision : After placing the application in the executive meeting held on the applicant's membership was approved/disapproved.

Signature of the General Secretary: