

ASSOCIATION OF SIGN LANGUAGE INTERPRETERS

243/1, MTNL Building, 2nd Floor, Savitri Nagar, New Delhi, Mob:9999491876

APPLICATION FORM FOR INDIVIDUAL MEMBER

Please photocopy this form for use

Name : _____

Father's Name/Husband's name : _____

Date of Birth : _____

Qualification Education : _____

Mailing Address : _____

Fax / Mobile no. : _____

E-mail : _____

I am ? Deaf ? Hard of Hearing ? Hearing

Languages known : _____

(Please evaluate your skills in each language on a scale from 1-5 where 1 is minimal knowledge and 5 is fluency in speaking/reading/writing.)

SIGN LANGUAGE: _____

WHEN LEARNT: PLS EXPLAIN _____

ENGLISH _____

HINDI _____

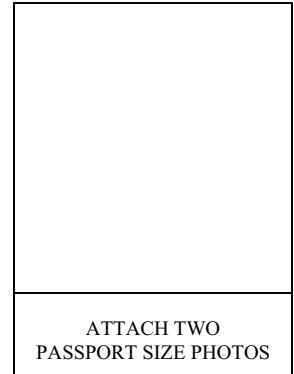
OTHERS _____

Names of local deaf organizations you have worked for:

1. _____

2. _____

3. _____



Signature of the Candidate

Membership Fees: **Membership Fees Structure**

- | | | |
|----|----------------------------------|-----------------------------|
| 1. | Individual Members | Rs. 500/- (1 Year Period) |
| 2. | Senior Citizens (Above 60 Years) | Free (Enclose Proof of Age) |
| 3. | Life Memberships | Rs. 5,000 |

FOR OFFICE USE ONLY

MEMBERSHIPS NUMBER: _____

FEES RECEIVED VIDE RECEIPT NUMBER: _____

DATE JOINED: _____

DATE OF RENEWAL: _____