



## **Self Esteem Foundation For Disabled Membership Form**

**We wish to become an Institutional Member of 'Self Esteem Foundation For Disabled'.**

**Organization:** \_\_\_\_\_

**Mission:** \_\_\_\_\_

**Vision:** \_\_\_\_\_

**Objectives:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

- **Please Find Attached A List Of The Products We Make With Our Beneficiaries.**

**\*Terms and conditions apply**

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

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