



**association for early childhood
education & development**

(aeced) Mumbai

19D, Firdaus, N.S.Rd 4, J.V.P.D Scheme, Mumbai.

Date:

INDIVIDUAL MEMBERSHIP FORM

NAME: (in Block Letters) _____

Address: _____

City: _____ PIN:

Telephone: (Resi.) (Off.)

E-mail: _____ Mobile:

School/College/Institution: (If employed currently) _____

Designation: _____

Qualifications: _____ Experience: _____

I would like to enroll as an Annual /3yrs /5yrs Member and enclose the required membership fees as follows, for the year

Cash / Cheque / DD

Amount: Rs. Rupees _____

CHEQUE / DD No. _____ dated: _____ Bank & Branch: _____

Cheques / DD must be drawn in favor of **ASSOCIATION FOR EARLY CHILDHOOD EDUCATION & DEVELOPMENT, MUMBAI. & sent to the address mentioned above.**

FOR OFFICE USE ONLY

Book No. _____ Receipt No. _____

Date:

Membership No. _____

Freebies based on subscription:

- 1 year: Curriculum book
- 3 years: Curriculum book + Melody Times CD Vol.2
- 5 years: Curriculum book + Melody Times CD Vol.2 + Learning to Play Calendar

AECED Mumbai Membership fees:

(April to March of a financial year)

Individual

1. 1 year – Rs. 500/-
2. 3 years – Rs. 1,200/- (consc. Rs. 300/-)
3. 5 years – Rs. 2,000/- (consc. Rs. 500/-)

Annual membership to be renewed on or before 31st March every year.

Signature of the Applicant: _____

Date: _____