

Association For Early Childhood Education And Development (AECED) Mumbai

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

Date: _____

MEMBERSHIP FORM INSTITUTIONAL MEMBERSHIP

Name of the Institution : (in Block Letters) _____

Address: _____

City: _____ PIN:

Telephone : (Off.) _____ (Fax:) _____

E-mail: _____

Established in: _____

Name of the Principal/Head: _____ Contact No. _____

Vision of the School: _____

We would like to enroll as an Institutional Member for **1yr/3yrs /5yrs** and enclose the required membership fees as follows, for the year _____

Cash / Cheque

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. _____

AECED Mumbai Membership fees:

(April to March of a financial year)

Institutional

- 1) 1 year – Rs. 1,000/
- 2) 3 years – Rs. 2,500/ (consc. Rs. 500/)
- 3) 5 years – Rs. 4,000/ (consc. Rs. 1000/)

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

Rubber Stamp of the Institution

Signature of the Principal/ Head _____