



Bliss Care Foundation
Gulzaaruge / Lh Naifaru



blisscarefoundation.org.mv



info@blisscarefoundation.org.mv



929 7840

NGO Membership Form

No.: BCF-24-

Personal Information

Name:			
Address:			
Contact No:			
Island :		Atoll	
DOB:		National ID	
Email:			

Education and Job Information

Current Job:	
Designation:	
Company / Department:	
Education Qualification:	

Member of other NGO, Associations:	
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I accept to join this Nonprofit Organization.

Signature:

Date

FOR OFFICIAL USE ONLY

Name: _____

Designation: _____ Date: _____

Sign and Stamp: _____