



**association for early childhood
education & development**

**AECED MUMBAI REG. NO. Reg. No. F- 42514
19 D FIRDAUS, N S ROAD 4, JVPD SCHEME , MUMBAI -400056**

DATE

INDIVIDUAL MEMBERSHIP FORM

NAME (IN BLOCK LETTERS)

ADDRESS

CITY

PIN

STATE

TELEPHONE

(Resi)

(Off.)

E-MAIL:

Mobile

**COLLEGE / SCHOOL /INSTITUTION:
(IF EMPLOYED CURRENTLY)**

DESIGNATION

QUALIFICATIONS

EXPERIENCE

I would like to enroll as a Member for 1yr / 3yr / 5yr

I enclose the required membership fees as follows, for the year

CASH / CHEQUE / DD / NEFT

AMOUNT :

RUPEES :

CHEQUE / DD NO/UTR No

DATE :

BANK :

BRANCH:

Cheques / DD must be drawn in favor of "**AECED MUMBAI**"

NEFT in favor of : AECED Mumbai; BANK OF INDIA; VILLE PARLE EAST BRANCH

A/C NO; 004610110007460;IFSC CODE; BKID 0000046

If payment is made by NEFT, a soft copy of the transaction to be emailed clearly showing the member's name.

NEFT /IMPS TRANSACTION NO :

BANK :

DATE :

FOR OFFICE USE ONLY

**BOOK
NO.**

RECEIPT NO.

DATE :

MEMBERSHIP NO

AECED Mumbai Membership fees:

(April to March of a financial year)

Individual

1. 1 year – Rs. 500/-

2. 3 years – Rs. 1,200/-

3. 5 years – Rs. 2,000/-

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

Signature of the Applicant:

Offline Membership : Form and Payment to be sent to :

Meera Mahendra 2 A 104; Jal Tarang, A.S. Marg; Powai, Mumbai 400076

Email-id: aecedmumbai@gmail.com | Website: www.mumbaiaeced.org | Website: www.aeced.org.in

