



MEMBERSHIP FORM FOR TRANSPERSON

First Name	Middle Name (Optional)	Last Name
Address		
Qualification and Work Experience		



Company Information

Company/Institution
Department and Designation
Mobile Phone
Website
Email Address

I am opting for (please tick ✓ one of the following):

Lifetime membership (INR 5,000/-)	<input type="checkbox"/>
Annual membership (INR 2,000/-)	<input type="checkbox"/>
Annual Student membership (INR 1,000/-)	<input type="checkbox"/>

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize sharing of the information furnished on this form with the Association for Transgender Health in India (ATHI), New Delhi and it's subsidiary arms Indian Professional Association for Transgender Health (IPATH) and KHEM.

Place

Date

Signature



Association for
Transgender Health
in India



PAYMENT DETAILS

All payments to be made in favor of: -

“ASSOCIATION FOR TRANSGENDER HEALTH IN INDIA”

PAN Number : AARCA5356K
TAN Number : DELA51889F
GSTIN Number : 06AARCA5356K1Z7
IFSC Code :
Account Number : 41785726997



Payments can also be made through UPI

VPA: ASSOCIATIONFORTRANSGENDER@SBI

**STATE BANK OF INDIA (11443)
SCO -20, NEAR HARISH BAKERY
SECTOR 56, GURGAON,
HARYANA 122001**



DONATIONS

Donations made to ATHI are eligible for 50% Income Tax rebate under Sec 80 G of IT Act
Kindly mention PAN Number while making donations



Postal Address for mailing of the Cheques and completed ATHI Membership Forms is :-

**Air Cmde (Dr) Sanjay Sharma (Retd)
CEO & Managing Director
Association for Transgender Health India (ATHI) M56-B Basement, Samsara Society,
Golf course extension road, Sector 60,
Gurgaon, Haryana 122001**



**Please note that your membership will be considered complete only upon
submission of the following:**

1. Confirmation of payment made in favour of Association for Transgender Health in India (ATHI)
2. Detailed individual profile listing professional qualifications and supporting documents
3. Identity Proof and PAN Card
4. Two recent passport size photographs



Self attested photocopies of all documents can be emailed to write2athi@gmail.com