



# GOLD 25

## Voluntary Blood Donors Club

**INDIAN SOCIETY OF BLOOD TRANSFUSION & IMMUNOHAEMATOLOGY**  
National Organization on Blood Transfusion Medicine, Blood Banking & Donor Motivation  
1<sup>st</sup> floor, C-1, Amravati Enclave, Panchkula-Shimla Road, Panchkula - 134107 Haryana, India  
Ph: +91- 1733 261621 Email: [isbti.org@gmail.com](mailto:isbti.org@gmail.com) [www.isbti.org](http://www.isbti.org)



### MEMBERSHIP FORM

(TO BE FILLED IN CAPITAL LETTERS)

#### Personal Information

Name of the Applicant: \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_

E-mail id: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Blood Group: \_\_\_\_\_ No. of times donated blood: \_\_\_\_\_

Qualification: \_\_\_\_\_

Occupation:  Student  Service  Business  Other

SPACE FOR  
PHOTOGRAPH

PLEASE DO NOT  
STAPLE

#### Contact Information

State: \_\_\_\_\_ District: \_\_\_\_\_ City: \_\_\_\_\_

Contact No (With STD Code): (o) \_\_\_\_\_ (R) \_\_\_\_\_ Mobile \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Pincode: \_\_\_\_\_

#### To be filled by students only

Class studying : \_\_\_\_\_ Name of Institute : \_\_\_\_\_

Address of Institute : \_\_\_\_\_

**I wish to join Gold 25 as Voluntary Blood Donor and promise to donate blood at least 25 times in my life.**

Signature of Applicant: \_\_\_\_\_

#### Recommendation by Two ISBTI/Gold 25 Members:

|    | Name  | Signature |
|----|-------|-----------|
| 1. | _____ | _____     |
| 2. | _____ | _____     |

#### FOR OFFICE USE

Sr. No. in the Register: \_\_\_\_\_ Membership No. \_\_\_\_\_