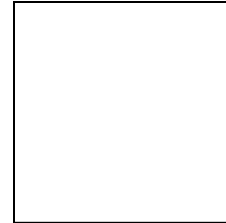


Reg. No:



**National Association of PLHA in Nepal.
(NAP+N)**

Membership Form



Name:

Permanent Address:

.....

Temporary Address:

.....

Mailing Address:

Phone No: **Office / House**

E-mail:

Academic Qualification:

Date of Birth:

Age:

Sex:

Marital Status: Married / Unmarried / Divorced

Number of Children:**Son****Daughter**

HIV Status: Infected / Non-Infected

Infected Year:

Year of HIV Suspect:

Taking ARV or not:

If yes then from where:

Affiliated with any organization:

Have Experience in HIV field:

I agreed with above mentioned terms and conditions that from my own knowledge, from the date I associated with this organization. I will obey all the rules and regulation of organization.

Member's Name:

Signature:

Witness:

Date:

.....

Left Thumb

.....

Right Thumb

- Member should be attended compulsorily in the program organized by association.
- Interested PLHA person can apply online. You should log on www.napn.org.np
- **This form is confidential and will keep confidentially.**

National Association of PLHA in Nepal

(NAP+N)

Makhmali marg - 26, Marajgunj, Chakrapath, Kathmandu, Nepal

Tel.No. +977- 1 - 4373910 , **P.O.Box:** 8975, EPC: 4112

E-mail: napn@napn.org.np