



Civil Society Organization registration number: CSOA/PBO-45
www.phensem.org Facebook: Phensem Parents Support Group, Bhutan

MEMBER REGISTRATION FORM (Parents & Families)

1.	Name of member:	
2.	Are you a: □ Parent □ Sibling □ Relative □ Others	
3.	If "others" (in SI #2), please indicate why you want to be a member?	
	Address:	
	Phone # :	
6.	E-mail address (if any):	
7.	Name of child/children/person with special needs:	
8.	Date of birth of child/children/person with special needs:	
9.	Gender of child/children/person with special needs:	
1(D. Does he/she go to ECCD/school or any organisation? ☐Yes ☐]No
1′	If yes, name of ECCD/school/organisation:	
12	2. Medical Diagnosis:	
13	3. Do you have any other children/siblings? \Box Yes \Box No. If yes, how many	?



Post Box No. 1399 Thimphu, Bhutan Tel: (+975) -77382366 email: phensempsgb@gmail.com

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14. Who lives with you:	
15. Do you use social media (facebook, messenger, whatsapp, wechat, etc)? □Yes	□No
I agree to be a member of Phensem Parents Support Group, Bhutan.	
Signature — Date	