**Tshokey Dorji Foundation**

Thimphu, Bhutan.

Tel#: 02-338892 M#17778892/77998892

Email: [tshokeydorji@gmail.com](mailto:tshokeydorji@gmail.com) Website:www.tshokeydorji.org

**Member or Donor Registration Form**

All the well-wishers who wish to support the noble objective of the Tshokey Dorji Foundation may choose to be a member as below:

1. Register as member by paying minimum annual fee of Nu.1,200. He/she may opt to pay membership fee of Nu.1,200 annually or pay Nu.100 per month directly to TDF bank accounts as mentioned below:
2. Bank of Bhutan Limited - **100558392**
3. Bhutan National Bank Limited - **5000051213017**
4. Bhutan Development Bank Limited - **101020090801**
5. Druk Punjab National Bank Limited - **110010562178**
6. Tashi Bank Limited - **77777034209001**
7. Register as a member by paying fee with certain amount above Nu.1,200 on monthly, quarterly, bi-annually or annually.
8. Well-wishers who opt not to become a member may choose to make one-time donation either in cash or in-kind.

**Details of Member or Donor**

Name:………………………………………………… Sex (Please tick): Male/Female

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Citizenship Identification Number:

**Permanent Address:-** Present Address…………………………….....

Village:……………………………………………….. Phone/Mobile#...............................................

Gewog:………………………………………………. Email ID…………………………………………

Dzongkhag………………………………………….. Wechat ID………………………………………

**UNDERTAKING**

***I hereby declare that I voluntarily choose to enroll as a member of Tshokey Dorji Foundation upon full and proper understanding of the criteria, terms and conditions of membership. I believe in the ideals of the Foundation and promise to serve it to the best of my ability. As a registered member, I shall be guided by the principles & value enshrined in the Articles of Association and the Religious Organization’s Act of Bhutan.***

Signature……………………………………………. Date…………………………………………….

**Please ensure that you collect a valid receipt from an authorized TDF Personnel**

**For Office Use:**

Receipt No. issued: Updated in database by:

Member Registration No. Signature Approved by: