**MEMBERSHIP FORM**

Voluntarily I want to become a member of BLUE VEINS so as to participate with you towards the noble cause up on which you are working effectively. I have been told and apprised of the main aims/objectives & future plan of the Organization. In turn I firmly assure my utmost cooperation and/ or contribution as & when required in any shape.

Moreover, I shall abide by the rules & regulations of BLUE VEINS and shall be paying membership dues regularly. Whatever stated hereunder is true & correct to the best of my knowledge and nothing concealed or mis-stated.

Member's Signature Category of Membership

Date:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Name:

Age/Date of Birth:

Postal Address:

Place of Birth:

Province:

Passport No.

Designation:

Nationality:

NIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address:

References: (1)

(Residence)

(Mobile)

Secretary General President Approved