

	Reg			Membership Form			
	Expirty Date	e					
(Only use for admin A						Photo	
Full Name]		
Father / Husb. Name] [
	Gender	MF	0	Date of Birth			
Blood Group				Date of Birtin	dd	mm yyy	
	CNIC No.	<u> </u>] -	
	Education			Skill	s		
Profession Business Job Student Jobless Household On Description Name and details							er]
	Nationality			Provir	nce		
	City	District					
	Address						
i	Postal Code			Tel./ Mob. No.			
	E-mail				Paymen	t	
If any other Information volunteered by Applicant							
	Reference e did you find ol Foundation	Websi	te Faceb	ook Social Ac	tivity M	lember Other	
	Payment By	laz Cash	eas	ypaisa	پالpaisa	Account No 0312-3242924	
mission and a membership time of applyi (7) (Executiv	d at least be 18 ye gree with them. application, with ing. (6) (General I ve member The	(4) Foundation post stating any reason Membership of PK	ssesses in all ci . (5) The appli R 3,650/=) open for fina	rcumstances the aucation must have p	uthority to r aid registrat	ndation's Aims, Objectivo reject an individual's tion and annual fees at t s executive member o	he
	Date		Applica	ant		Admin AF	<u></u>