

MEMBERSHIP FORM

The President,
Labbaik For Welfare,
Lahore.

Sir,

I want to be a member (General / Life Time, Youth / Volunteer / Women Wing) of "Labbaik For Welfare". I hereby solemnly declare that I shall abide by the Constitution, Rules & Regulations, Policies of Labbaik For Welfare and decisions of Executive Body, otherwise my membership may be cancelled.

Photo

My particulars are as under:

| | | |
|---|------------------------------|-----------------------------|
| NAME: | | |
| S/O, D/O, W/O : | | Qualification: |
| Date of Birth: | | CNIC No: |
| Profession: | | Designation: |
| Present Residential Address: | | |
| Permanent Residential Address: | | |
| Office / Business Name: | | |
| Office / Business Address: | | |
| Tele (office): | Tele (Res) | Mobile: |
| Email (Personal) | | Email (Official): |
| Hobbies: | | Other Informations: |
| Member of any other welfare organization: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, Name & address of Organization: | | |
| Date: | | Signature of Applicant |

(Copy of National ID Card & one Passport Photograph attached).

| | | |
|----------------------|-------|----------------|
| FORWARDED BY: | | |
| Member's Name | Title | Membership No. |

| | | | | |
|--|-----------|------------------|----------------|------|
| FOR OFFICIAL USE ONLY | | | | |
| Executive Body approves / does not approve the membership of the above named applicant as General / Life Time Youth / Volunteer / Women Wing Member. | | | | |
| Secretary General | President | Office Secretary | Membership No. | Date |