



APPLICATION FORM

Sir,

Subject: **Enrollment of Annual Membership**

Dated: _____

Photograph

We are herewith furnishing the following details for information and necessary action.

1. Name of the Applicant : _____
2. Name & Address of the Company/
Consultancy : _____

3. Residential Address : _____

4. Electronic Address E-mail : _____ Web : _____
5. Telephone Nos. Res : _____ Office : _____
Cell : _____
6. Profile of the Applicant : _____

7. Designation : _____
(Chairman / MD / Director / Partner / Regional Head)

We here with enclose Cheque / DD No. _____ Dated : _____ for Rs. 1,000/-
drawn in favour of **Ashiq Shaheed Educational Welfare Trust & Development Foundation** payable at Hajira, AJK

We request you to kindly enroll me / our organisation / company / consultancy as a Member.

We herewith affirm that we shall abide by the by-laws of the organisation.

FOR OFFICIAL USE ONLY

Membership No. _____

Dated: _____

Receiver's Signature

Signature of the Applicant