

**MEMBERSHIP FORM**

1. Name of the LPG Filling Station/Workshop : .....
2. Type of LPG business ( Station/Workshop ) : .....
3. Location with full address : .....
4. Name of the Owner & address : .....
5. Contact person & Cell No : .....
6. Date of commencement of LPG business operation : .....
7. Attachment :
  - a. Photo
  - b. NID
  - c. TIN
  - d. Explosive License copy

I on behalf of our company do request the LPG Autogas Station & Conversion Workshop Owners Association Bangladesh to enroll us as a member of the association. We shall abide by the rules and regulations of the association.

.....  
Signature of the applicant with name

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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23	24	25	26	27	28	29

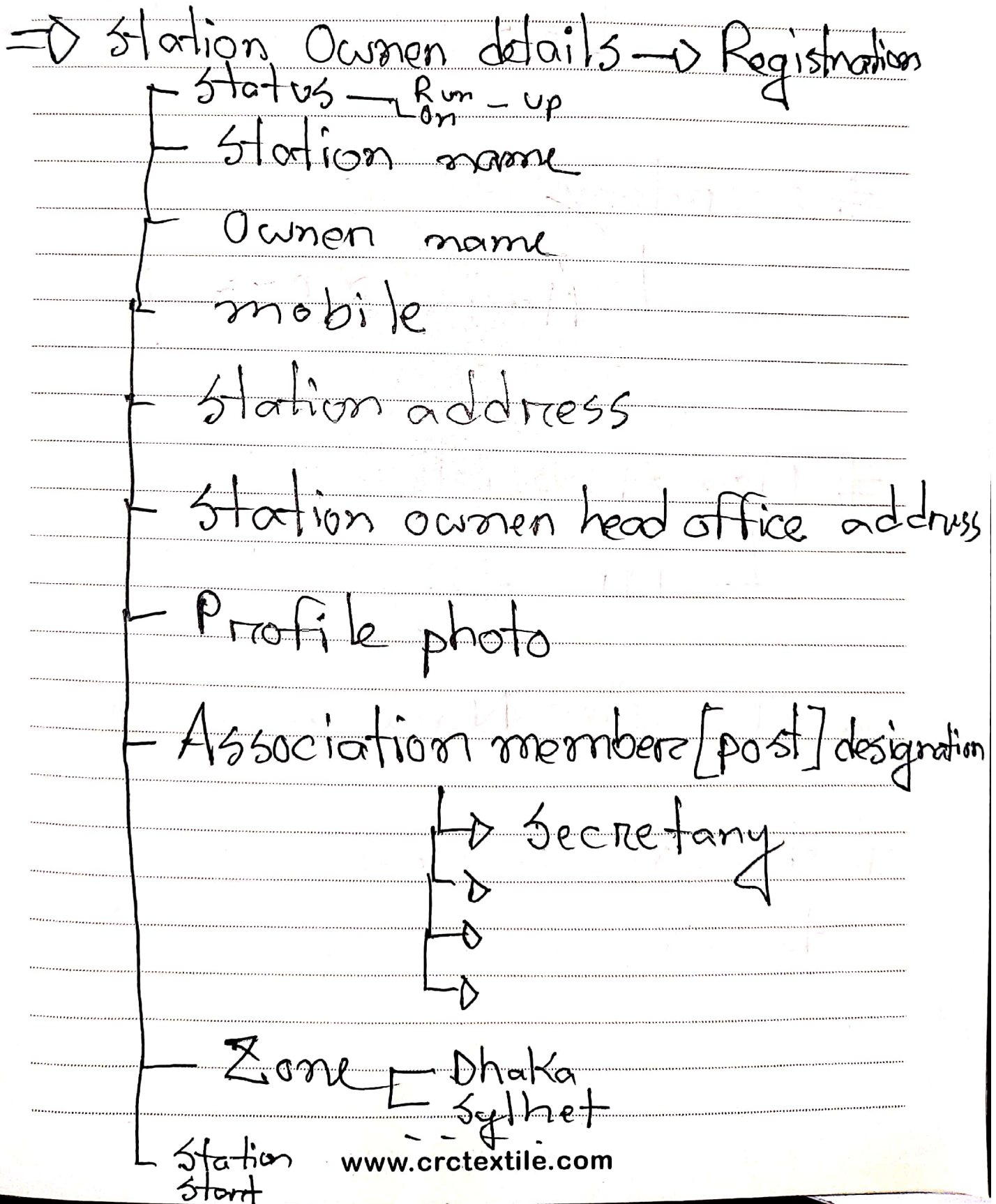
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FEBRUARY  
Wednesday

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## Association Website



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FEBRUARY  
Thursday

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# ~~Owner~~ President

LMD. Serajul Mawla

# Secretary

L Hasin R Parvej

# Main Association office address

L SNET Address

# Association Name: WhatsApp

# Association member message  
to admin.



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FEBRUARY  
Friday

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