

Membership Form

NO:.....

Name of Applicant: _____

Father's Name: _____

Mothers' Name: _____ Spouse Name: _____

Date of Birth: _____ Gender: _____ NID: _____

Address: _____

Phone: _____ Mobile: _____

E-Mail: _____ Website (if any): _____

Present Occupation: _____ Designation: _____

If student, write study level and field: _____

Name & Address of Institute: _____

Special Interests/Hobbies: _____

Reference Name: _____

How you came to know about PINC: _____

Please tick the relevant box for membership type: ☐ General ☐ Life Time-----
Signature of Applicant-----
Signature of PINC Representative**(For office use only)**

Member Name: _____

Membership Type: General ☐ Life Time ☐

Membership No: _____ Date of Registration: _____

Membership fee BDT 300/- for General & BDT 1000 for Life Time

Payment Status Paid ☐ Due ☐-----
Signature of Treasurer-----
Signature of Secretary General-----
Signature of President