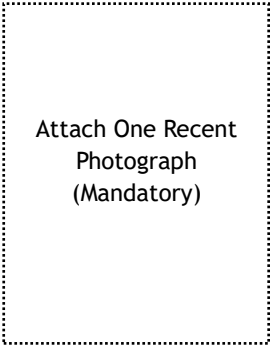




FREE LEGAL AID SOCIETY FOR THE HELPLESS

MEMBERSHIP FORM

The President
Free Legal Aid Society for the Helpless (FLASH)
Lahore



Dear Sir/Madam,

I may please be enrolled as a member of the Society, FLASH.
My particulars are as under:

1. Name: _____

Membership No. _____
(For Official Use Only)

2. Date of Birth: _____

3. Gender: _____

Dated: _____

4. Father/Spouse Name: _____

REFERRED BY
Name: _____

5. Occupation/Profession: _____

6. CNIC No. _____
(Attach Copy)

7. Address: _____

8. Phone/Mobile No. _____

9. Email Address: _____

DECLARATION

I, _____, hereby declare that the information furnished in this form is true and correct to the best of my knowledge and belief. I have read the objects, and bylaws of FLASH, I agree to be a part of FLASH, to work for it, to pay annual subscription fee regularly, and to abide by the bylaws of the Society. I acknowledge that right to vote in elections of FLASH shall be available to me only upon completion of six (6) months of my paid membership. I also acknowledge that the Governing Body of FLASH reserves the right of granting or refusing the membership.

APPLICANT'S SIGNATURES

FOR OFFICIAL USE ONLY

REMARKS

GENERAL SECRETARY