

MEMBERSHIP FORM

Office Copy



LEADERS FORUM BD (LFB)

Reg No: 5064-IV-40

PP Size Photo x 2

Form Serial Form Submission Date DD / MM / YYYY
Membership ID Membership Type ☐ Lifetime Member ☐ General Member Membership Effective from DD / MM / YYYY

Section (a) Personal Information

1. Name 2. Sex: Male / Female 3. Blood Group
4. Father's Name 5. Mother's Name
6. Spouse Name 7. Marital Status
8. Date of Birth DD / MM / YYYY 9. NID / PP Number 10. Valid Until DD / MM / YYYY
11. Present Address
12. Email Address (Personal) 13. Mobile Number
14. Emergency Contact Name 15. Emergency Phone Number
16. Anniversary Date DD / MM / YYYY 17. Polo T-Shirt Size: S / M / L / XL / XXL

Section (b) Personal Experience

| Organization Name | Department | Designation | Duration |
|-------------------|------------|-------------|----------|
| i | | | |
| ii | | | |
| iii | | | |

Total Service/Professional Length Years

Section (c) Other Organization Membership Information (Optional)

Currently Holding Membership of any Organization Yes / No

| Organization Name | Type of Membership | Membership Number |
|-------------------|--------------------|-------------------|
| i | | |
| ii | | |

Reason of Joining LFB:

MEMBERSHIP FORM

Member Copy

Form Serial

Form Submission Date DD / MM / YYYY

1. Name
2. Amount Paid (in Word)

Amount Paid

Tk. - - , - - , - - .00

Signature of Member with Date

Authorized Signature with Date

Section (d) Educational Qualification

| Name of Degree | Name of Institution | Year of Passing |
|----------------|---------------------|-----------------|
| i | | |
| ii | | |
| iii | | |

Section (e) Details of Nominee

1. Name

2. Relationship with the Member

4. NID / PP Number

Section (f) Payment Details | Bank A/C Name: LEADERS FORUM BD | Bank A/C Number: 0011100000383

Bank Name: The Premier Bank Ltd. | Branch Name: Rampura Branch | bKash / Nagad Number: 01716 159404 (Merchant Account)

* Membership Fee: Life Time BDT 10,000/- & General BDT 5,000/-

| Bank Name / bKash / Nagad | Cheque / Reference Number | Date | Amount |
|---------------------------|---------------------------|----------------|--------|
| | | DD / MM / YYYY | |

Section (g) Document Checklist

- | | | |
|---|---|--|
| <input type="checkbox"/> Office ID | <input type="checkbox"/> NID / Passport | <input type="checkbox"/> Business Card |
| <input type="checkbox"/> Member Photo | <input type="checkbox"/> Nominee NID | <input type="checkbox"/> Nominee Photo |
| <input type="checkbox"/> Other Organization Membership Card | | |

Section (h) Introducer of LFB

1. Name 2. Membership ID

Section (i) Attestation

*** Please note that by signing this application form you have agreed to the membership rules and provided all authentic information and documents.

Signature of Member

DD / MM / YYYY

Signature of President

DD / MM / YYYY

