HOPE AUTISM WELFARE SOCIETY

GENERAL COMMITTEE MEMBERSHIP FORM

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| Please complete this from to the Hope autism welfare society | | |
| Title | Mr. Mrs. Ms. Dr. | |
| Name |  | |
| Address |  | |
| Contact information | Mobile Home | |
| Work Email | |
| Occupation |  | |
| Membership level | 1. Automatic 2. Ordinary 3. Honorary 4. Associate | |
| Membership type | 1. New membership: yes/No B. Renewal membership: Yes/No | |
| Please indicate how you would like to become involved in the hope autism welfare society (You are welcome to tick more than one box) | | |
| 1. Taka and Executive Role | | 1. Society publicity |
| 1. Help with fundraising | | 1. Lead a sub – committee |
| 1. Join a sub-committee | | 1. Other(specify) |

I agree to bound by the memorandum of the Hope Autism welfare society.

Signature Date

Payment details

Ordinary membership: Taka 200 to be made in cash/cheque

Associate membership: Taka 500 to be made in cash/cheque

Cheque must be drawn in favour of Hope Autism welfare society