**HOPE AUTISM WELFARE SOCIETY**

MEMBERSHIP FORM

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| Please complete this from and submit to the Hope Autism Welfare Society | | | |
| **Title** (Please as appropriate) | Mr. Mrs. Ms. Dr. | | (Please attach one photo) |
| **Name**  (BLOCK LETTERS) |  | |
|  | |
| **Father’s Name** |  | | |
| **Mother’s Name** |  | | |
| **Mailing Address** |  | | |
| **Contact information** | Mobile: Home: | | |
| Work: Email: | | |
| **Occupation** |  | | |
| **NID No** |  | | |
| **Membership Level** | 1. General Member 2. Life Member | | |
| **Areas of Interest.** Please as appropriate (May choose more than one option) | | | |
| 1. Take an Executive Role | | 1. Society publicity | |
| 1. Help with fundraising | | 1. participate in a sub – committee | |
| 1. Join a sub-committee | | 1. Other(specify) | |

I agree to abide by the rules and regulations of the Hope Autism Welfare Society.

**Signature Date**

**Payment details:**

Membership Admission Fee: Taka 100l/- one time payable on

General Membership Subscription: Taka 50/- per month i.e tk. 600/- per year

Life Membership: Tk.50, 000/- one time for life

Cheque must be drawn in favour of “Hope Autism Welfare Society”

**OFFICIAL USE**

|  |  |  |
| --- | --- | --- |
| **EC Meeting No:** | **Date:** | **Signature of Secretary General** |
| **Membership No:** |  |