# Membership Information Collection Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Membership ID** | | | {member\_id} | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Member’s Name** | | | {name} | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Category of Membership** | | | **{AM}** | **AM** | | | **{GM}** | **GM** | | **{LM}** | **LM** | | | | **{SM}** | **SM** | | | **{DM}** | **DM** | | | **{TRLM}** | | **TRLM** | | | **{TRSM}** | **TRSM** |
| **Membership Starting Date** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last Payment Date *[ for GM or AM]*** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobile Phone Number** | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **Residence Phone Number (T&T)** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Workplace Phone Number** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email Address** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Member’s NID Number** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Member’s Passport Number [If foreigner]** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Occupation** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Blood Group** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address Inside Baridhara [Mailing Address: Yes [ ] No [ ] ]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apartment/House Name** | | | {address} | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **House Number** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Road Number** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address Outside Baridhara [Mailing Address: Yes [ ] No [ ] ]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Apartment/House Name** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **House Number** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Road Number** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Area** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Introducer Membership ID** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Father’s Name** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Father’s Membership ID [If a member]** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mother’s Name** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mother’s Membership ID [If a member]** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Marital Status** | | |  | | | Single | | |  | | | | Married | | | | |  | | | Separated | | | | | |  | | Divorced |
| **Date of Marriage [If married]** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Spouse Name** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Spouse Membership ID [If a member]** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Spouse Contact Number** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Spouse Date of Birth** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Spouse NID Number** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Contact Name** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Relation with Emergency Contact** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address of Emergency Contact** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Number of Emergency Contact** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email Address of Emergency Contact** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child Name** |  | **DoB** | | |  | | | | | | | **Gender** | | | | |  | | | | | **Contact** | | | |  | | | |
| **Child Name** |  | **DoB** | | |  | | | | | | | **Gender** | | | | |  | | | | | **Contact** | | | |  | | | |
| **Child Name** |  | **DoB** | | |  | | | | | | | **Gender** | | | | |  | | | | | **Contact** | | | |  | | | |
| **Child Name** |  | **DoB** | | |  | | | | | | | **Gender** | | | | |  | | | | | **Contact** | | | |  | | | |