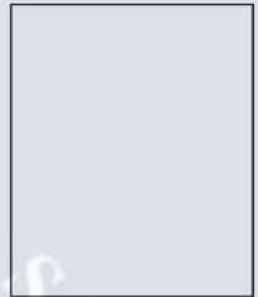


YOUNG LEGAL ACTIVIST SOCIETY



Membership Form

Name:- _____

Father name:- _____

NIC:- _____

Email:- _____

Cell No:- _____

Address:- _____

Experience:- _____

Reference:- _____

Dated:-

Signature