



St. John of God Welfare Trust

MEMBERSHIP FORM

Form # : _____ Serial # : _____

Name: _____

Father's/Spouse's Name: _____

Date of Birth: _____ Place of Birth: _____

N.I.C. # : _____ Res. Ph # : _____

Office Ph # : _____ Cell # : _____

E-mail ID : _____

Residential Address: _____

City: _____ Province/State: _____

Country: _____ Postal Code: _____

Academic Qualification: _____ Professional Qualification: _____

Organization Name (Recently Working): _____

Timing From: _____ To : _____

Working Experience in any similar Organization : YES NO

Duration : _____ Reason for Leaving: _____

OFFICE USE ONLY

Accepted Rejected Suspended

Membership Code # : _____ Designation Title: _____

Signature of Chairman

Date :

General Secretary

Date/Singature of Members



TERMS AND CONDITION

Please read rules and regulation properly before singe.

- * Members must be abvoe 18 year old
- * The following forms must be attached
 - (a) 2 photos not older then 6 months. (passport size)
 - (b) Photocopy of CNIC
 - (c) C.V along with supporting credentials
- * Member must bring their original CNIC at the time of registration.
- * No restriction of area where member reside
- * Member shall agree on the constitution and abide the laws of organization and support the aims and objective of the organization
- * Members must respect all religions as the organization purpose to serve humanity.
- * Members must be qualified matriculation and may attached complete douments.
- * Member must attend all meetings & late attending functions participation of arrangements punctually.
- * Member must provide complete and correct forms information.
- * Don't misused organization this card without information.