

ALL PAKISTAN WOMEN'S ASSOCIATION

MEMBERSHIP FORM

Please fill in capital letters

DATE OF APPLICATION: __ / __ / ____ (dd/mth/year)

NAME: _____

ADDRESS : _____

TEL: _____ **CELL:** _____

EMAIL: _____

MY PREFERRED FORM OF COMMUNICATION IS: *Tick two*

Post Email Call SMS

DATE OF BIRTH: _____ **ID CARD#:** _____

NATIONALITY: _____

HIGHEST QUALIFICATION :

Year: _____ Class/Degree: _____

Institution: _____

CURRENT EMPLOYMENT:

Designation: _____

Institution: _____

ARE YOU INTERESTED IN VOLUNTEERING? Yes No

IF YES, THEN HOW MUCH TIME? *Tick one*

For specific activities as needed

_____ days per week / month

IF YES, WHICH OF THE FOLLOWING SKILLS / EXPERTISE DO YOU OFFER?

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Writing English | <input type="checkbox"/> Writing Urdu | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Education | <input type="checkbox"/> Health |
| <input type="checkbox"/> Econ. Empower. | <input type="checkbox"/> Research | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Event Mgmt. | <input type="checkbox"/> Training | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Web Design | <input type="checkbox"/> Theatre | <input type="checkbox"/> Talent (eg. singing) |
| <input type="checkbox"/> Other | | |
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WOULD YOU LIKE TO RECEIVE UPDATES ABOUT APWA BY BECOMING A MEMBER OF THE APWA GOOGLEGROUP?

- Yes No

TYPE OF MEMBERSHIP *Tick one*

- Ordinary Member Lifetime Member Associate Member

NEAREST APWA BRANCH

APPLICANTS SIGNATURE

For office use only

Amount Received: _____ **Date:** _____

Membership card issued: Yes No

Issuing Officer:

Notes: