

Membership No. \_\_\_\_\_

## **SAAH WELFARE TRUST**

**Karnota (Chirala) Teh. Dhirkot, District Bagh (A.K)**

**Sub Office: H. No. SD- 218, Askari-XI ,Cobbe Road Rawalpindi Cantt**

**Tel: 051-5110395, Mobile No. 0300-4303657, 0343-5011001**

**Photograph**

### **Membership Form**

1. Name: \_\_\_\_\_
2. Father / Husband Name: \_\_\_\_\_
3. Sex: \_\_\_\_\_ (Male / Female)
4. NIC No: \_\_\_\_\_ (Attach Photo Copy)
5. Address: Village: \_\_\_\_\_ Post Office: \_\_\_\_\_  
Teh: \_\_\_\_\_ District: \_\_\_\_\_
6. Contact No: Office: \_\_\_\_\_ Residence: \_\_\_\_\_ Mobile: \_\_\_\_\_
7. (a) Sect: \_\_\_\_\_ (b) Religion: \_\_\_\_\_
8. Reference / Recommendation: \_\_\_\_\_

9. Certified that I have read the aim and objective of SAAH WELFARE TRUST and will abide by the rules and regulation of trust. I will not use the trust name for personal / political purposes. I will also pay the monthly subscription @ Rs \_\_\_\_\_ pm regularly.

**Date:** \_\_\_\_\_

**Signature of Applicant**

10. The name of above applicant has been approved as member of trust and allotted membership no. \_\_\_\_\_.

**Signature of Chairman**