

**Membership Application Form****Organization**

Name of the Organization (Block Letters):		
Membership type applied for: <input type="checkbox"/> Permanent Membership [Fee-Tk.10,000/-] <input type="checkbox"/> Yearly Membership [Fee-Tk.2,500/-] <input type="checkbox"/> Associate Membership [Fee- Tk. 20 /-]		
Nature of the Organization:		
Contact Address:		
Working Area:		
Year of Establishment:	Total Number of Branch/Field Offices:	
Chief Executive:	Representative (Main): Representative (Alternative):	
Tel: Office:	Fax:	E-mail ID:
	Cell:	Website:
Description of Activities (please attach extra sheet if required):		
Date of Application:		
Recommendation from BAPA member (name, signature and date)		
1. Name:	Signature & Date:	

Declaration: By knowing and understanding the ideologies, objectives and activities of BAPA, I conform to those. And accordingly I have decided to take the organization membership of BAPA.

.....
Signature of Chief Executive
Date:

FOR OFFICIAL USE ONLY:

Approval: Primarily – a) Approved b)Need to talk c) Recommendation c)Other. Specify... Finally -- a) Approved b) Disqualified c)Other. Specify...
--

Membership No:	Date of Membership:
Received Amount:	Receipt No:
Receivers Sign & Date:	

Bangladesh Poribesh Andolon (BAPA)

9/12, Block-D, Lalmatia, Dhaka-1207. Tel: +8802 8128024; Fax: +880 8113469

E-mail: bapa2000@gmail.com Website: www.bapa.org.bd