

**Membership Application Form**
IndividualPassport size
Photograph

Name (Block Letters):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth : (dd-mm-yy)
Membership type applied for: <input type="checkbox"/> Life Membership [Fee-Tk.5000/-] <input type="checkbox"/> General Membership [Fee-Tk.500/-] [Yearly Renew Fee-Tk. 500/-] <input type="checkbox"/> Student/Youth Membership [Fee-Tk.100/-] [Yearly Renew Fee-Tk. 100/-]		
Mother's Name:	Father's Name:	
Present Address:		
Permanent Address:		
Occupation:	Nationality: <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Others. If Others, Please Specify.....	
National ID No:	Home District:	
Tel: Office: Resident:	Fax: Cell:	E-mail ID:
Date of Application:		
Environment related or similar volunteer work experience, if applicable (please attach extra sheet if required):		
Recommendation from two BAPA members (name, signature and date)		
1. Name:	Signature & Date:	
2. Name:	Signature & Date:	

Declaration: I know and understand the ideologies, objectives and activities of BAPA and I will conform to those.

Accordingly I have decided to be an Active Member / a Supporting Member of BAPA.

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Signature & 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:

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