

# Membership Form

- All (\*) marked fields are compulsory without which the form will be deemed unfit for processing
- Use clear black ink and write in CAPITALS ONLY



| <i>Type of Membership (please tick)</i>  |                | <i>For Office Use Only</i> |                        |
|--|----------------|----------------------------|------------------------|
| Individual   | Institutional  | Honorary                   |                        |
| <i>For Individual &amp; Honorary (personal info) for Institutional (contact person)</i>                      |                | Membership No.             |                        |
| Mr. Ms.  |                | Recommended by             |                        |
| Telephone(s)   |                | Amount Paid (MF)           |                        |
| Fax  |                | Instrument                 |                        |
| E-Mail   |                | Cleared                    |                        |
| Address for Correspondence   |                | Amount Paid (AS)           |                        |
|  |                | Instrument                 |                        |
|  |                | Cleared                    |                        |
|  |                | Contacts Verified          |                        |
|  |                | Stamp of Approval          |                        |
| <i>Details of Organization (tick as appropriate or fill in text)</i>   |                |                            |                        |
| Category of Organization   | Private Sector | Public Sector              | Civil Society Industry |
| Name of Organization   |                |                            |                        |
| Size (in terms of staff Strength)  |                | Years of Operation         |                        |
| Chief Executive  |                |                            |                        |
| Alternate Contact Person   |                |                            |                        |
| Head Office Address & Contacts (please state if same as above)   |                |                            |                        |
| Nature of Work   |                |                            |                        |
| <i>Educational, Professional &amp; Other Details (of contact person in case of Institutional Membership)</i> |                |                            |                        |
| Last Qualification   |                | Awarded in                 |                        |
| University / Institute   |                |                            |                        |
| Years of Work Experience   |                | Interest Area              |                        |
| Expertise in   |                |                            |                        |
| Social Work Experience   |                | No. of years               |                        |
| Other Memberships  |                |                            |                        |
| Are you representing an association or community? Please give details  |                |                            |                        |

By signing this form you confirm that all the information you have provided in this form is correct. You or the organization you represent agree to the bye-laws of the WSSCC-Pakistan and shall act to maintain and enhance the positive image of the Council.

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