

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

<b>Name of the Organization (Block Letters):</b>	
<b>Membership type applied for:</b> <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. 100 /-]	
<b>Nature of the Organization:</b>	
<b>Contact Address:</b>	
<b>Working Area:</b>	
<b>Year of Establishment:</b>	<b>Total Number of Branch/Field Offices:</b>
<b>Chief Executive:</b>	<b>Representative (Main):</b> <b>Representative (Alternative):</b>
<b>Tel: Office:</b> <b>Fax:</b>	<b>E-mail ID:</b>
<b>Cell:</b>	<b>Website:</b>
<b>Description of Activities (please attach extra sheet if required):</b>	
<b>Date of Application:</b>	
<b>Recommendation from BAPA member (name, signature and date)</b>	
<b>1. Name:</b>	<b>Signature &amp; Date:</b>

**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:**

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

<b>Membership No:</b>	<b>Date of Membership:</b>
<b>Received Amount:</b>	<b>Receipt No:</b>
<b>Receivers Sign &amp; Date:</b>	

**Bangladesh Poribesh Andolon (BAPA)**