



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. 1000 /-]		
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: Cell:	E-mail ID: 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.

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

Bangladesh Poribesh Andolon (BAPA)

Royal Unique Heights

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