



# RAHELA-OSMAN SIKDER FOUNDATION

Membership  
No.....

## MEMBERSHIP FORM

### Personal Information

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Photo

Spouse's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Blood Group: \_\_\_\_\_

NID Card No (If any): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone Nos. Off: \_\_\_\_\_ Res: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Profession: \_\_\_\_\_ Any other: \_\_\_\_\_

### AFFIRMATION

I have gone through the terms and conditions of membership and understood all aspects. I do hereby affirm that I agree to abide by all the provisions of the constitution. I shall utilize my efficiencies, my experiences and capabilities for furthering the goal and objectives of the foundation and always contribute voluntarily in the interest of the organization.

Date: \_\_\_/\_\_\_/2012

Signature of the Applicant

On recommendation of the Executive Council, the application of above named person is accepted / rejected for membership of ROS Foundation.

Category: PRIMARY

Signature of President

Dated: \_\_\_/\_\_\_/2012

For office use only

Received an amount of Tk.500.00 (Taka Five Hundred) only on account of membership fee.

Official seal

Dated: \_\_\_/\_\_\_/2012

Signature of Finance Secretary

www.rosf.info