



FOHRID-2001

# FOHRID HUMAN मानव अधिकार तथा प्रजातान्त्रिक मञ्च RIGHTS AND DEMOCRATIC FORUM



FOHRID-2001

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Photo

## Membership Application Form

I would like to apply for the **Membership** of FOHRID. I hereby agree to accept, abide and be bound to present and future rules and regulations of the organization.

Name (In Capital Letters) .....

नाम (देवनागरीमा) .....

### Permanent Address

Development Region .....

Zone .....

District .....

District headquarters .....

VDC/Municipality/.....

Ward No. .... Tole .....

### Postal Address

*[If you prefer to give address of your office as your postal address here, please write full address of your office (including phone numbers) in the box below and leave other space blank]*

Region .....

Zone .....

District .....

District headquarters .....

VDC/Municipality/.....

Ward No..... Tole .....

P.O. Box/District .....

Telephone .....

Date of Birth (DD/MM/YYYY)

AD .... /..... /19.

BS ... /... /20..

Occupation .....

Education.....

Sex  Male  Female  Third

Telephone .....

Fax .....

E-mail .....

1	Type of membership	Membership fee	Please mark below
2	Ordinary membership	151	
3	Campaign membership	71	
4	Life-long Member	5,001	
5	Honorary Member	25,000	

Applicants' Signature \_\_\_\_\_

Date .....

Reference and refer by .....

Signature .....

Date .....