MEMBERSHI	P FORM



Name: s/D/0 ID Card Number: DOB Consultancy Name DOB Address: NTN # Region / Province Telephone (W) E-mail Image: Market Mar

DEPOSIT DETAILS

PHOTO

The completed Membership Form must be presented to the Chairman / Committee with the membership fee paid in full.

Date:	D D M M Y Y Y Y	Fee: PKR 2000/-
	САЅН	
Account Name:]	
Account Number:]	
Branch Code:]	
Transaction ref number		
Depositor Name:		

DECLRATION: I solemnly declare that I will abide by the aims and objectives of the ASAC as set out in the Constitution, the Freedom Charter and other duly adopted policy positions, that I am joining the organisation voluntarily and without motives of material advantage or personal gain, that I agree to respect the Constitution and the structures and to work as a loyal member of the organisation, that I will place my energies and skills at the disposal of the organisation and carry out tasks given to me, that I will work towards making the ASAC an even more effective instrument of liberation in the hands of the people, and that I will defend the unity and integrity of the organisation and its principles, and combat any tendency towards disruption and factionalism.

Refrence # 1 (Existing member)	Signature	
Refrence # 2 (Existing Member)	Signature	
Member's Signature	Date:	