



EX – SHAHEENS’ ASSOCIATION, JASHORE

(Government Registration Number: “Jashore – 1624/19”)

MEMBERSHIP FORM

(Please provide full and correct information)

***Required**

Passport size
picture

Name*	Please input the name as your national ID/ Certificate.
SSC batch*	Please input the year when you passed SSC.
HSC batch*	Please input the year when you passed HSC
Father’s Name*	Please input the name as your national ID/ Certificate.
Mother’s Name*	Please input the name as your national ID/ Certificate.
Contact No.*	Mobile no. preferred than land phone.
Secondary/ Home no.	It is needed to reach you if you are unavailable at your contact no.
Email	
Date of Birth*	
Sex*	<input type="checkbox"/> Male <input type="checkbox"/> Female
Present Address*	
Permanent Address*	
National ID No./ Birth certificate no.*	Please input this very carefully. Those who don’t have NID please input the birth certificate no.
Passport no. (If any)	
Occupation*	
Designation and address*	Please provide the designation and address of your office or business place. For housewife please input the present address. If you are still student then please input where you are studying, which subject/ department, which year/ semester and ID.

Blood group*	Please input if you know so that we can help our members when needed.		
Duration of the study at Jashore Shaheen*	For example, "2001-2010".		
Marital Status*	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widow <input type="checkbox"/> Divorced
Number of children			
Details of children	If you have any children please input the details of all. Name, Age, Where he/she/they study. Which class they read in, Their marital status, If married then his/her/their present address.		
Your recommendation about another Jashore Ex Shaheen (If any)	We appreciate your recommendation of anyone/ any other (as many as possible for you) who was/ were the student of Jashore Shaheen. Their name and phone no. or email or Facebook profile or all of them.		
Your valuable suggestion about our association and activities (if any)			
Sign and date*			

FOR OFFICE USE ONLY

Membership Application	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Under Review		
Money Receipt Number		Membership Number	
Sign and Date			
President	General Secretary	Treasurer	Office Secretary