



Pakistan International Human Rights Organization (PIHRO)

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MEMBERSHIP FORM

PERSONAL INFORMATION:

Applicant Name: _____ S/D/W/O _____

Permanent Address: _____

Contact Numbers: Home: _____ Office: _____

Cellular: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: _____

Domicile: _____ N.I.C Number: _____

QUALIFICATION:

Academic: _____ Professional: _____

PROFESSION:

How do you consider yourself, helpful to *PIHRO*: _____

Approximate time if you can allocate to *PIHRO*: _____

REFERENCE:

Name: _____ Phone number: _____

Position: _____ Address: _____

Membership Fee:

Please mark the appropriate Box

{ } Lifetime Membership: 15000 Rupees { } Regular Membership: 500 Rupees

{ } Overseas Membership: 5000 Rupees

{ } I wish to donate _____ Rupees as donation.

UNDERTAKING: I solemnly declare that the facts and figures stated above are true. Any misdeclaration or suppression of information will render me liable for dismissal the membership.

Date: _____ Signature: _____

For Office Use Only:-

Serial No: _____

Date: _____

Designation: _____

Approved By: _____

Verified by: _____

Membership Fee Received:

Rupees: _____

Stamp: _____

Signature: _____

Date: _____