



ASSOCIATION FOR THE WELFARE OF RETIRED PERSONS (Regd).

Community Centre, Sector G-9/2
Ibn-e-Sina Road, Islamabad
Phone: 051-2256282
Website: www.awrp.org.pk
Email: association.awrp@gmail.com

APPLICATION FOR MEMBERSHIP

1. Name: _____ Father's Name: _____ Blood Group _____

DD MM YY

DD MM YY

2. Date of Birth: Date of Retirement

3. CNIC: -- -- --

Note: *Please attach one copy of CNIC, two photographs of 1"x1" and one copy of retirement notification or any retirement proof.*

4. Post from which retired _____ (BPS) _____

5. Organization last served. _____

6. Phone: _____ Mobile: _____ Email: _____

7. Mailing Address: _____

8. Address & Phone of Next of Kin or Friend _____

Phone: _____

I hereby apply for Membership of AWRP and agree to abide by its Constitution and Rules. I remit the membership fee of Rs. _____ in cash/cheque No. _____ Drawn on Bank _____

Membership fee with Id Card Charges:

Membership	BPS	01-10	11-16	17-19	20 & above
Fee	Rs.	650	1150	1650	2150

Note. *Cheques may be made in favour of 'Association for the Welfare of Retired Persons'*

Signature of Applicant

9. **Profile (Optional):** (Please give below a brief profile of yourself i.e. Education, experience, field of specialization etc.)

10. Will you prefer to become a member of any sub-committee of the Association? YES / NO.

11. Introduced by (Name) _____ Membership No. _____ Phone: _____

Signature of Introducer

(SPACE FOR OFFICE USE)

Receipt No.

Rs. _____ Received in Cash/ cheque No.

Secretary General