**Volunteer Application Form**

|  |  |  |
| --- | --- | --- |
| 1 | Name (Block Letters): |  |
| 2 | Gender: |  |
| 3 | Date of Birth: |  |
| 4 | Membership type applied for: |  |
| 5 | Mother’s Name: |  |
| 6 | Father’s Name: |  |
| 7 | Present Address: |  |
| 8 | Permanent Address: |  |
| 9 | Occupation: |  |
| 10 | Nationality: |  |
| 11 | National ID/Passport No: |  |
| 12 | Home District: |  |
| 13 | Tel: |  |
| 14 | Cell: |  |
| 15 | Fax: |  |
| 16 | Office: |  |
| 17 | Resident: |  |
| 18 | E-mail ID: |  |
| 19 | Date of Application: |  |
| 20 | Highest Academic Qualification: |  |
| 21 | Institute Name & Address: |  |
| 22 | Employers Name & Address: |  |
| 23 | TIN/TAX Code: |  |
| 24 | Recommendation of PHRAS Member: |  |

**Declaration:** I know and understand the ideologies, objectives and activities of PHRAS and I will conform to those. Accordingly I have decided to be an Active Member / a Supporting Member /Volunteer of PHRAS.

**…………….……………………..…………………………**

**Signature & Date**

FOR OFFICIAL USE ONLY:

Approval:

Membership No:

Date of Membership:

Received Amount:

Receipt No:

Receivers Sign:

Date: If necessary please use another sheet.