



Membership Form

Name:	Date of Birth:	Place of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth:	District/Town:	Current Country of Residence:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	Educational Level:	Marital Status:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Status:	Address:	Phone Number(s):
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:		
<input type="text"/>		

Questions

- | | | |
|---|---|--|
| 1. How did you get to know about AYPAD? | 2. What is your role as young person to help other young people like you? | 3. Will you be an active or dormant member if active how will you participate? |
|---|---|--|

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Legal Notice

I declare that all information given by me in this document is true and correct to the best of my knowledge and vow to contribute both morally and financially to the development of the organization. If I am found in any activity contrary to the aim and objective of the organization my membership should be automatically terminated from the organization.

I, <input type="text"/>	declare that all information given by me in this document is true and correct.	
Name of Applicant:	Signature:	Date of Application:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Photo ID

Membership

No.