**KHOR - (Sister)**

**“Khwendo Himat O Rarna”**

**Membership Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Photo

(optional)

**Home Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CNIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date (membership):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:**

**Current:**

**Permanent:**

**Profession: (Please tick):**

1: CSO/Social Worker/Volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2: Health (Doctor/Nurses/LHV) \_\_\_\_\_\_\_\_\_\_\_\_\_

3: Academic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Journalist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5: Business Women \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Legal Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7: Media (Print/electronic/writer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8: Housewife \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9: Home Based Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10: Associations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11: Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How would you like to become KHOR member? Please tick the option:**

* **Individual Membership** (Free)
* **Organizational Membership** (500 PKR/Month or 6000 PKR/per year) (partnership + Logo sharing)
* **Donor/Sponsor** (5,000+ PKR/Month or 60,000+ PKR/Year) (partnership + Logo sharing)

**Please submit your resume / CV –** *(Optional)*

***Signature:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Approval:***

 ***President*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 ***Gen Sec*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*