

Membership Form

Membership of SAK Memorial Development Trusts is open to all individuals who are aiming to provide hope for better future to widows and orphans.

Name: _____ CNIC No. _____

Age (DOB): DD/MM/YY _____ Gender _____

Organization Name _____

Organization Address _____

Designation _____ Qualification _____

Contact/ mailing Address _____ Post Code _____

Tehsil/city: _____ District: _____ Province: _____ Country _____

Telephone _____ Fax _____

Cell _____ E-mail _____

Signature _____ Date _____

For Office use:

Membership request approved: _____ Membership No. _____

Membership deferred _____ Not approved _____

Signature of the Committee: _____

- Note:**
- 1- Members will meet once in a year to review and approval of current year progress and advice for future year plan
 - 2- Membership fee is Rs. 100/months
 - 3- When you join we not only ask you for your membership fee but also expect you to:
 - Share experience and information with our other members across the world
 - Welcome enquiries and visits from interested parties
 - Attend the annual members' conference, National/regional seminars, and training events
 - Support your provincial/regional network of our members
 - Promote the SAK Development trust movement.