 THATTA YOUTH DEVELOPMENT ORGANIZATION

 T Y D O

 **PHOTO**

**MEMBERSHIP FORM**

 **Member’s Name:**

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 **Father’s Name:**

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 **Cast:**

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 **Sex: Blood Group:**

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 **Date of Birth:**

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 **Contact No:**

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 **C.N.I.C No:**

 **Qualification:**

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 **E-Mail Address:**

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 **Permanent Address:**

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 **AGREEMENT AND SIGNATURE:**

 By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer or member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Applicant Signature President Signature**