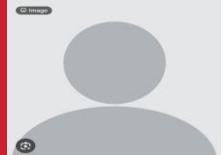




INTERNATIONAL WALKATHON CORE (IWC)

Membership Form



PERSONAL INFORMATION

Full Name in English:

Full Name in Bangla:

NID/ Passport:

Date of Birth:

Religious:

Gender

Male

Female

Other

Father Name/Spouse:

Mother:

Occupation & Work Address:

Office Phone:

Resident Phone:

Mobile:

e-mail:

What's app:

Facebook:

Present Address:

Permanent Address:

Membership Type General Member

Life Member

Permanent Member

PAYMENT INFORMATION

Payment Method: Cash Bash Card Bank Transfer Check

Card Bank Details (if applicable):

Cardholder's Name:

Card/Bank Account Number:

Expiration Date (MM/YY):



INTERNATIONAL WALKATHON CORE (IWC)

Membership Form



ADDITIONAL INFORMATION

Reason for Joining: Networking Social Events Interest Groups Other

Fees & Charges:

For General Member:	For Life Member:	For Permanent Member:
Registration fee \$5 dollar	Registration fee \$500 dollar at a time	Registration fee \$1,000 dollar at a time
Annual fee:	Annual fee n/a.	Annual fee n/a.

DECLARATION AND SIGNATURE

I, _____, hereby declare that the information provided is true and complete to the best of my knowledge. I agree to abide by the IWC's rules and regulations. I understand that any false information may result in the denial of membership or termination if already accepted.

Signature: _____

Applicant

Date: _____

Approval _____

Signature: _____

Secretary General

Signature: _____

President