



p.o.box  
156 GPO Peshawar Cantt.  
25000 KPK Pakistan

telephone  
+92 91 2614046

address  
House # : 227, Block C, OPF Colony,  
Near Provincial Health Services  
Academy(PHSA) Budhni Road, Peshawar

e-mail  
contact@blueveins.org

internet  
www.blueveins.org

## MEMBERSHIP FORM

Voluntarily I want to become a member of BLUE VEINS so as to participate with you towards the noble cause up on which you are working effectively. I have been told and apprised of the main aims/objectives & future plan of the Organization. In turn I firmly assure my utmost cooperation and/ or contribution as & when required in any shape.

Moreover, I shall abide by the rules & regulations of BLUE VEINS and shall be paying membership dues regularly. Whatever stated hereunder is true & correct to the best of my knowledge and nothing concealed or mis-stated.

Member's Signature Category of Membership

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

Father's Name: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\_\_\_\_\_ Province: \_\_\_\_\_

\_\_\_\_\_ Passport No. \_\_\_\_\_

\_\_\_\_\_ Designation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Nationality: \_\_\_\_\_

NIC No. \_\_\_\_\_

Occupation: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

References: (1) \_\_\_\_\_

(2) \_\_\_\_\_

Contact Phone No. Office/Business \_\_\_\_\_

(Residence) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Secretary General

Chairperson

Approved

Date \_\_\_\_\_