



ADVENTURE FOUNDATION PAKISTAN

DEDICATED TO THE PROMOTION OF AN ACTION – ORIENTED EDUCATIONAL SYSTEM: BASED ON OUTWARD BOUND CONCEPTS

Application for Membership

Name (in full)											
Parent's Guardian's Name						His/Her Occupation					
Mailing Address:											
Home Phone:						Office Phone:					
Fax:						Email:					
Date of Birth:			Blood Group:			Gender:			Marital Status:		
ID Card No:					-			-			
Your Occupation:											
Educational Institution / Employer:											
Experience Outdoor:											
Interests/ Hobbies:											
Membership Sought:		Junior <input type="checkbox"/>		Student <input type="checkbox"/>		Associate <input type="checkbox"/>		Life <input type="checkbox"/>			
Declaration:											
Having familiarized myself with the aims and objectives of the Adventure Foundation I agree to support its activities in The interest of the youth and people from all walks of life in the country. I further agree to abide by the constitution of the Foundation.											
I/WE DECLARE THE INFORMATION PROVIDED TO BE CORRECT AND COMPLETE.											
Applicant's Signature _____ Date _____ Parent's Signature _____ Date _____ (if applicant is below 21 years)											
Nomination:											
By two Senior Members of the Foundation or Head of Educational Institution and / or Employer											
Name: _____ Address: _____ _____ Phone _____ Signature _____ Date _____						Name: _____ Address: _____ _____ Phone _____ Signature _____ Date _____					
I enclose the INITIAL subscription of Rs. _____											
<input type="checkbox"/> Cash		<input type="checkbox"/> MO		<input type="checkbox"/> Draft		<input type="checkbox"/> Cheque		* Please add Rs.30/- with cheque			
FOR OFFICE USE ONLY											
Date Received _____ Case No. _____											
APPROVED / NOT APPROVED / PENDING											