



MEMBERSHIP FORM

Name: Mr/ Ms/ Mrs.	New		Renewal
			Membership No:
Home Address:	¥		<u> </u>
Office Address:	-		
Telephone Nos.	(Off)	(Res)	(Cell)
Email Address:	-		
I hereby apply for		Life Membership	(Membership Fee Rs. 10,000)
		Annual Membership Student Membership	(Membership Fee Rs. 1,000) (Membership Fee Rs. 500 per anum)
Date			Signature
Membership fee as giv	en above	e may be remmitted preferably	through crossed cheque in favour of the APMC Karachi
FOR OFFICE US	E ONLY	K	
Life / Annual / Student:			Cash Rs.
Cheque No.		Dated	Rs
Membership No.			Receipt No.