



WORLD MEMON ORGANISATION

Membership Form

Please select the category

	Membership Category	Membership Fee
	Friends of WMO	Free
	Annual Member	US \$ 100 Men / US \$ 50 Ladies
	Life Member	US \$ 1,000 Men / US \$ 500 Ladies
	Patron *	US \$ 25,000 Men/ US\$ 12500 Ladies
	Trustee *	US \$ 100,000
	Institution	US \$ 250
	APEX	US \$ 500
	Corporation	US \$ 1,000

*Payable in 3 annual installments

FULL NAME	MR/MRS/MISS	FATHER'S NAME	GRANDFATHER'S NAME
DATE OF BIRTH (dd/mm/yyyy)		PLACE OF BIRTH (Country)	
PROFESSION		QUALIFICATION	POST HELD
RESIDENTIAL ADDRESS			
	TEL :		MOBILE:
BUSINESS ADDRESS			
	TEL:		FAX:
EMAIL			
NAME & NATURE OF BUSINESS			
NAME OF ORGANIZATION ASSOCIATED WITH AND POSITION HELD			
METHOD OF PAYMENT			



FOR SPOUSE MEMBER, PLEASE FILL THIS PART

FIRST NAME	MIDDLE NAME	LAST NAME
MRS		
DATE OF BIRTH (dd/mm/yyyy)	PLACE OF BIRTH (Country)	
RESIDENTIAL ADDRESS		
	TEL :	MOBILE:
EMAIL:		
DATE:	SIGNATURE:	

NAME OF THE ASSOCIATION / JAMAT		
ADDRESS OF ASSOCIATION		
	TEL :	FAX:
EMAIL		
COUNTRY OF RESIDENCE		
APPLICABLE WMO CHAPTER		

I HEREBY AGREE TO THE AIMS AND OBJECTS OF THE WMO AND WILL ABIDE BY ITS CONSTITUTION AND RULES AND REGULATIONS.

SIGNATURE OF APPLICANT: _____

DATE: _____

Please submit the forms by email /fax to the Assistant General Secretary of the respective Chapter or to the COO WMO

WMO African Chapter/ WMO European Chapter/WMO Far East Chapter/ WMO India Chapter/
WMO Middle East Chapter/WMO North America Chapter/ WMO Pakistan Chapter
WMO COO

SHAHID SANGANI TEL: +94 777 738240 FAX: +94 114760076 Email: coo@wmoworld.org

FOR OFFICIAL USE ONLY

RECEIVED ON:..... APPROVED ON:..... FILE REF:.....

AMOUNT TO CHARGE US \$: INVOICE NO: