

**Please e-mail or fax this form to**  
**The Health Promotion Foundation**

Contact: 0332-2246818. Email: hpf82017@gmail.com

**Bank Account's details:**

Meezan Bank, Block-F, North Nazimabad Karachi

\*Branch Code: 0131

\*A/C No: 0102861404

\*IBAN: PK93MEZN000131010286140

\*Head of Account: HPF

**Eligibility criteria of membership:**

- i. Who is of or above 18 years of age.
- ii. Who has reputable character and sound mind.
- iii. Who agrees to abide by the articles of the Foundation and supports its objectives.
- iv. Who agrees to pay the prescribed fee of the Foundation.

- 1. Ordinary Member:** Any person who pays an annual subscription of Rs. 1,000/- per annum may be invited by the Executive Committee to become Ordinary Member of HPF.
- 2. Affiliated Members:** Any Foundation registered under the Ordinary of 1961 paying Rs.2,000/- per annum as affiliation fee and subscribing to the aims and objectives of the Foundation can become an affiliated member subject to the approval of the Executive Committee.

**Executive Committee may invite:**

- A. Honorary Members:** Any person who has distinguished himself in social work or rendered valuable services to the Foundation may be invited by the Executive Committee to be an Honorary Member.
- B. Co-opted Member:** The Executive Committee can co-opt member for special purpose or purposes. They may remain members by virtue of their office / designation and may participate in the Executive Committee for a specified period, which shall be decided by the Executive Committee.

**SUBSCRIPTION:**

For Pakistani Resident		For Foreigners	
Ordinary Members	Rs. 1,000/annum	Ordinary Members	\$. 20/annum
Affiliated Members	Rs. 2,000/annum	Affiliated Members	\$. 20/annum

The Executive Committee may review and fix the contribution for all types of membership, as and when required.

**For Office Use Only**

Membership No. \_\_\_\_\_ Accepted for becoming \_\_\_\_\_ OM, AM.

Date: \_\_\_\_\_ Comments (if any): \_\_\_\_\_

## Health Promotion Foundation Membership Form

Title	Mr.	Miss.	Mrs.	Ms.	Dr.	Prof.	Capt.	Others:
First Name:			Middle Name:			Last Name:		
Address:			Area:			Town:		
City:			Province/State			Postal Code:		
						Country:		
Gender:	Male:	Female:	C.N.I.C #					
Occupation:			Passport No.					
Email:			Cell No:					
Date of Birth:			Landline Phone:					
Present job with address:								
Payment Mode								
Credit Card			Pay Order			Bank Draft		
<b>I hereby authorize to charge my credit card as per the following details</b> <i>(Please fill the details as shown on your credit card)</i>								
Name of Card								
Card Number								
Expiry Date			Last 3 digits (back side of card)					
Billing Address:								

### Check the Membership category that you are applying for.

- Ordinary Member                       for year 20\_\_\_\_  
 Affiliated Member                       for year 20\_\_\_\_

#### Documents Required:

- A. For ordinary members:
- Brief CV, evidence of qualification & experience, current affiliation with Foundation/Society/NGOs
  - Copy of CNIC. /NICOP
- B. For affiliated members:
- Memorandum and articles of foundation/Constitution or By-Laws of Society/NGOs.
  - Copy of registration certificate.
  - Annual report of last two years.
  - Website/Email ID.
  - Focal person with all contact details.
  - List of Board of trustees/Directors/Office Bearers.

*N.B. If an ordinary member doesn't have an email address he/she provides email address of any person who can forward messages. Email would be main official mode of communication by HPF. Alternatively provide a cell phone number where text messages could be sent.*

I agree to abide by the code of and the articles of HPF.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_