

WORLD MEMON ORGANISATION

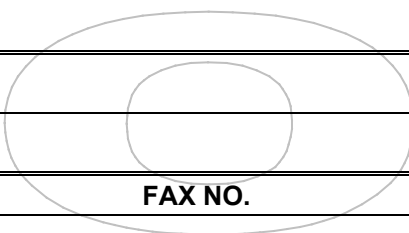
APPLICATION FORM - NO. WMO 2

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LIFE MEMBER – US \$2,500 MEN / US \$1,250 WOMEN
NOTE: THIS CAN BE PAID IN INSTALMENTS OVER THREE YEARS

FIRST NAME	FATHER'S NAME	GRANDFATHER'S NAME
MR/MRS/MISS		
PLACE & DATE OF BIRTH:	PLACE OF BIRTH:	PLACE OF BIRTH:
PROFESSION	QUALIFICATION	POST HELD
RESIDENTIAL ADDRESS		
	TEL. NO.	
BUSINESS ADDRESSES	1)	2)
TELEPHONE NO.	FAX NO.	MOBILE NO.
EMAIL ADDRESS	NAME & NATURE OF BUSINESS:	
NAME OF ORGANISATION ASSOCIATED WITH AND POSITION HELD		
STATE METHOD OF PAYMENT:		

FOR SPOUSE MEMBER, PLEASE FILL THIS PART

FIRST NAME	MIDDLE NAME	SURNAME
MRS.		
ADDRESS		
TELEPHONE NO.	FAX NO.	MOBILE NO.
EMAIL ADDRESS	PLACE & DATE OF BIRTH	DATE:
		SIGNATURE:

DETAILS OF ASSOCIATION/JAMAT

NAME OF ASSOCIATION/JAMAT		
ADDRESS OF ASSOCIATION		
TELEPHONE NO.	FAX NO.	EMAIL ADDRESS OF ASSOCIATION

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

SIGNATURE OF APPLICANT: _____

DATE: _____

CHILDREN OVER 18 YEARS SHOULD FILL THEIR OWN APPLICATION FORM.

FOR OFFICIAL USE ONLY

RECEIVED ON: APPROVED ON: FILE REF:

AMOUNT TO CHARGE US \$: INVOICE NO.

