

New York Bangladesh Press Club Inc.

MEMBERSHIP APPLICATION FORM

Picture

SL/ID-No.

Name of the Applicant:	
Date of Birth: Month: Day: Year:	Male Female
Name of the current organization:	
Portfolio:	
How many years in the profession:	Web:
Professional back ground (As applicable):	
Mailing Address: City:	State: Zip Code:
Membership Category: Active Associate Affiliate Life	
Proposed by	Seconded by
Name:	Name:
Oranization:	Oranization:
Signature:Member ID	Signature:Member ID
I do hereby declare that. I am totally loyal and adhere to rules and regulations of the constitution of the New York Bangladesh Press Club. Signature Membership Yearly Fee: \$ Paid Unpaid	
FOR OFFICIAL USE ONLY	
Membership Committee This application of membership May approved Not Approved Referred Comments:	
Selection Committee:	
	Name :
Signature : Signature :	Signature :
Final Approved:	
President	General Secretary