



MEMBERSHIP APPLICATION FORM

We are very pleased to welcome you to *Lalpur Probashi Kallyan Foundation Trust (LPKFT)*. *Address: LALPUR, ASHUGANJ, B, RARIA, Bangladesh.*

All prospective members of LPKFT are required to complete this registration form signed and **return either hand delivered in hardcopy or scanned and emailed to: aislamuk@hotmail.co.uk**

Please complete this form in **BLOCK CAPITALS**

Personal details

Name			
Permanent Address			
Present Address			
Male		Female	
Telephone Number			
Mobile Number			
E-mail Address			
Date of Birth			
Education			
If you are a member of any other organization (if known)			

Disability:

The Disability Discrimination defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability? Please specify

Marketing:

Where did you learn about the LPKFT?

- Word of Mouth
- Flier/Poster
- Newspaper
- Website

Medical information:

Please detail below any important medical information that our coaches should be aware of (eg epilepsy, cancer, asthma, diabetes etc.)

--

Emergency contact details:

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

1 st	Contact Details:
2 nd	Contact Details:

Membership Fees

Ordinary Members: A minimum monthly subscription of TK 500.00 including joining fee TK 5000.00./=

Members who live in EU/USA or they have ability must pay subscription fee Monthly TK 1000.00 and their Joining fee is TK 10,000.00/=

Permanent Members/Donor': for life time membership a minimum joining fee TK 20,000.00/= is required and Monthly fee TK 1000.00

Member	Fee	Please Tick
Permanent	Tk.	
Ordinary/Standard Members	TK.	
Honorary	TK	
Others	TK	

DECLARATION OF ELIGIBILITY TO BECOME A MEMBER OF LPKFT.

I declare that I am not disqualified from acting as a charity trustee and that (please tick to confirm and agree each statement below):

- I am not incapable of acting by reason of mental disorder OR any other health problem.
- I do not have an unspent conviction relating to any offence involving deception or dishonesty. Please detail therefore any such convictions in the space below

(A conviction will not necessarily be a bar to obtaining a position with this organisation)

- I have not been removed from the office of charity trustee or trustee for a charity by an Order made by the Charity Commissioners.
- I have not been ordered from the Court on the grounds of any misconduct or mismanagement nor am I subject to an order from police which will preventing me from being concerned in the management or control of any relevant organisation or body.
- I am not subject to a disqualification order under the Criminal Justice and Court Services of Bangladesh.

The information supplied in this application form is true and accurate to the best of my knowledge.

I agree to obey the rules & regulations of the Lalpur Probashi Kallyan Foundation Trust (**LPKFT**) and also accept to pay the agreed non-refundable subscription to abide by the LPKFT constitution.

Signature of the Applicant

Date & Place

For Office only:				
Received by:		Membership number		DATE