

BARONTI WELFARE ASSOCIATION UK



Membership Form

Name:		D.O.B :	
United Kingdom Address		Bangladesh Address	
No./Street		Vill	
Town		Post	
Post Code		PS Dist: Moulvibazar	
Contact:			
Tel: Home		Tel: Mob	
Email			

DECLARATION OF PAYMENT BY MEMBER & CONFIRMATION OF RECCEIPT OF PAYMENT BY COMMITTEE OF BARONTI WELFARE ASSOCIATION UK

I **declare** that I have fully understood the terms and conditions related to the constitution of the Baronti Welfare Association UK.

I **pledge** to honour the contents of the constitution and will abide by the rules and regulations of the Association.

I **pledge** to pay the initial fee of £10 and thereafter a monthly contribution of £2.50 (or full yearly payment of £30) **which** is subject to annual variation.

I **HEREBY AM SIGNING BELOW WITH FULL UNDERSTANDING AND COMMITMENT**

SIGNATURE OF MEMBER: _____ DATE: _____

I THE CHAIRPERSON/SECRETARY OF THE BARONTI WELFARE ASSOCIATION UK DECLARE THAT I HAVE RECEIVED THE **INITIAL** MEMBERSHIP FEE OF £10 AND HAVE **ADMITTED** THE MEMBER TO THE BARONTI WELFARE ASSOCIATION UK.

SIGNATURE CHAIRPERSON /SECRETARY: _____ DATE: _____

This membership form is valid when the Chairman or Secretary of the Baronti Welfare Association UK and the applying Member have both signed and dated the declaration of payment. This form is to be handed over and kept by the Treasurer or Secretary of Baronti Welfare Association UK upon completion. The Fees and Contributions made to the Baronti Welfare Association UK are **NON-REFUNDABLE**.