



কোম্পানীগঞ্জ ওয়েলফেয়ার এসোসিয়েশন, ইউ. এস. এ.

Companiganj Welfare Association, USA

61 Church Ave, Brooklyn, NY 11218

Session 2017-2019

2x2
Passport Size Photo

Membership Application Form

Membership No. _____

Name: _____

Father's/Husband's Name: _____

Phone Number: _____ Email: _____

Current Address: _____

Permanent Address: _____

Vill: _____ P.S. _____ District: _____

"Please Check one below for Membership Category"

General Member

Life Member

Nominee Name: _____ Relationship: _____

Nominee Phone: _____

Introduced by _____ Membership No. _____

I, the undersigned, do hereby agree to follow the constitution of the Companiganj Welfare Association USA, and state the above information are correct to the best of my knowledge.

Signature

Date

For Office Use Only

Membership No. _____ For The Year Of: _____

Membership Status: General \$ _____ Life \$ _____

Amount Paid: _____ Cash/Check / Money Order No: _____ Receipt No. _____

Approved by

President

Secretary

Date

**The membership receipt does not validate your membership. Membership needs to be approved by the Association.*