 THATTA YOUTH DEVELOPMENT ORGANIZATION

T Y D O

**PHOTO**

**MEMBERSHIP FORM**

**Member’s Name:**

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**Father’s Name:**

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**Cast:**

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**Sex: Blood Group:**

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**Date of Birth:**

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**Contact No:**

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**C.N.I.C No:**

**Qualification:**

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**E-Mail Address:**

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**Permanent Address:**

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**AGREEMENT AND SIGNATURE:**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer or member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature President Signature**